

V7.016.1.2:HDY8M

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

Surrey Place Care Center				Provider Number:	0 001135-00
110 Southeast Lee Avenue				Date:	7/24/2013
Live Oak FL 32060				Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level	_ _	Current Rate 217.12	New Rate 218.41	Effective Date 7/1/2013
Interio Settles	Interim n Component ment based on costs Provider Prospective data	X	Prospectiv X	re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	1	Changes:			
Budget X Unaudited costs Field audited cost Field audit - inte Desk audited cost Desk audit - Inte Desk Audit - Pro	erim portion sts rim Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/21/1988	n
Distribution:				Thomas Parker	
Contract Management	t / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in I	*		Z	L DE	· —
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				



Signature HealthCARE of Pa	lm Beach			Provider Number:	0 001136-00
4405 Lakewood Road				Date:	7/24/2013
Lake Worth FL 33461				Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	e madente (e)
J 1			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home Sin	gle Level	_	220.88	220.70	7/1/2013
	Component	X	Prospectiv X	Total Prospective Prospective Adjusted	
	ent based on costs ovider Prospective data	Changes	:	Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interi Desk audit - Interi Desk Audit - Prosp	m portion m Portion	X	Usual an Target R FRVS C	re Rating Change ad Customary Limitation ate limitation change thange mester Change [2] as of 07/01/1988	on
Distribution:				Thomas Parker	
Contract Management /	Fiscal Agent		edicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File For information C No Change in Ra	•	.,,		L DE	
	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				



Florida Baptist Retirement Center		Provider Number:	0 001416-00
1006 33rd St.		Date:	7/24/2013
Vero Beach FL 32960		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Chaudited [5]
1, po.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	191.27	195.58	7/1/2013
Rate Type: InterimTotal Interim	X Prospectiv	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	Usual an	d Customary Limitatio	n
Field audited costs	Target R	ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk Audit - Interim Portion		nester Change [2] as of 07/30/2008	
Desk Audit - Prospective portion Distribution:	OllTRV	[2] as 01 07/30/2008	
		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Cos	st Reimbursement Plan	ning and Finance
For information Only			2
No Change in Rate	2	L-DC	,
			an emet (
Home Office: 1 - No Home Office			



Village Place Health and Re	hab Center			Provider Number:	0 002400-00
2370 Harbor Blvd.				Date:	7/24/2013
Port Charlotte FL 33952				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	_	Current Rate 241.73	New Rate 247.37	Effective Date 7/1/2013
Settlem Prior Pr	nterim I Component I content based on costs Trovider Prospective data	X		re Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Interi Desk Audit - Pros	im portion s im Portion	Changes	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 09/22/1987	on
Distribution:	1 1				
Contract Management and Permanent File For information No Change in Reference and Permanent File	Only	M		Thomas Parker t Reimbursement Plan	
Home Office:	Greystone Healthcare Mana 4042 Park Oaks Blvd, Suite Tampa FL 33610				



Trinity Regional Rehab Center		Provider Number:	0 003521-00
2144 Welbilt Boulevard		Date:	7/24/2013
Trinity FL 34655		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 206.89	New Rate 209.16	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospectiv	re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 11/25/2008	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	
Home Office: Traditions Management of F 24541 US Highway 19 North Clearwater FL 33763	lorida, LLC		



Osceola Health Care Center		Provider Number:	0 005219-00
4201 W. New Nolte Rd.		Date:	7/24/2013
St. Cloud FL 34772		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	- Chadanea [5]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	217.60	218.88	7/1/2013
Rate Type :	X Prospectiv	Α.	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensure	e Rating Change	
X Unaudited costs	Usual and	d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS CI	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Sem	nester Change	
Desk Audit - Prospective portion		[2] as of 10/28/1991	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		S 327 SS 55	40
For information Only	2	L-20	>
No Change in Rate			
Home Office: 1 - No Home Office			



Debary Manor		Provider Number:	0 005372-00
60 N. Highway 17-92		Date:	7/24/2013
Debary FL 32713		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 197.87	New Rate 202.48	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	I	e Fotal Prospective Prospective Adjusted f Fotal Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	Rating Change I Customary Limitatio te limitation change tange ester Change [2] as of 02/01/1998	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Pensacola Administrative Serve 2 North Palafox Street Pensacola Fl 32502	Z	Thomas Parker Reimbursement Plant	-



Flagler Pines		Provider Number:	0 005374-00
300 South Lemon Street		Date:	7/24/2013
Bunnell FL 32110	- .	Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Onudated [3]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	213.26	218.69	7/1/2013
Rate Type: Interim Total Interim Interim Component	X Prospectiv	ve Total Prospective Prospective Adjusted i	for New Costs
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	re Rating Change and Customary Limitation cate limitation change Change mester Change [2] as of 07/01/2004	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Pensacola Administrative 2 North Palafox Street Pensacola Fl 32502	Services, LLC		



Longwood Health Care Center	:			Provider Number:	0 005379-00
1520 South Grant Street		•		Date:	7/24/2013
Longwood FL 32750				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home Sing	le Level	-	196.60	202.73	7/1/2013
tursing frome sing	ic Bever	-	170.00	202.73	7/1/2013
Rate Type :					
Interim		X	Prospectiv	ve	
Total Inte	erim		X	Total Prospective	
Interim C	Component			Prospective Adjusted	for New Costs
	nt based on costs			Total Prospective with	Interim Component
Prior Pro	vider Prospective data				
Basis:		Change	s:		
Budget			Licensur	re Rating Change	
X Unaudited costs				d Customary Limitation	on
Field audited costs				ate limitation change	
Field audit - interim	1 portion		FRVS C	nange	
Desk audited costs Desk audit - Interim	Portion	<u> X</u>	Rate Ser	nester Change	
Desk Audit - Prospe				[2] as of 01/29/1998	
Distribution:				Thomas Parker	
Contract Management / F	Fiscal Agent	N	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File					_
For information O	nly		7	L DE	>
No Change in Rate	e e		~_	- ELE	
Home Office:	Pensacola Administrative S	Services, LLC			
2	North Palafox Street				
P	Pensacola Fl 32502				



The Rehabilitation Center	of Winter Park			Provider Number:	0 005380-00
1700 Monroe Avenue				Date:	7/24/2013
Maitland FL 32751				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level	-	212.14	217.07	7/1/2013
Interi Settle	Interim m Component ment based on costs Provider Prospective data	X	_ Prospectiv X	ve Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Change	s:		
Budget			Licensur	e Rating Change	
X Unaudited costs				d Customary Limitatio	on
Field audited co	osts	-		ate limitation change	
Field audit - int	=	<u> </u>	FRVS C	hange	
Desk audited co Desk audit - Inte		<u> </u>	— Data San	nester Change	
	ospective portion			[2] as of 10/01/1985	
Distribution:				Thomas Parker	
Contract Managemen	nt / Fiscal Agent	N	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					_
For information	-		2	L-DE	>
No Change in	Rate				
Home Office:	Pensacola Administrative S	ervices, LLC			
	2 North Palafox Street Pensacola Fl 32502				



Brynwood Center		Provider Number:	0 005381-00
1656 South Jefferson Street	.	Date:	7/24/2013
Monticello FL 32344	-	Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 201.62	New Rate 206.34	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/2002	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	L DE	>
Home Office: Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	Services, LLC		



Nursing Pavilion at Chipola Retirement Center		Provider Number:	0 005383-00
4294 3rd Avenue		Date:	7/24/2013
Marianna FL 32446		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 208.06	New Rate 212.97	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitation ate limitation change nange nester Change [2] as of 05/07/1991	on
<u>Distribution:</u>		TEL 10	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker Reimbursement Plans	
Home Office: Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	rvices, LLC		



Glencove Nursing Pavilion		Provider Number:	0 005384-00
1027 East Highway Business 98		Date:	7/24/2013
Panama City FL 32401		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Onudated [3]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	219.63	224.75	7/1/2013
Rate Type: InterimTotal Interim		Total Prospective	
Interim Component		Prospective Adjusted f	
Settlement based on costs Prior Provider Prospective data		Total Prospective with	Interim Component
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 09/01/1992	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plani	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	L DE	» —
Home Office: Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	rvices, LLC		



Panama City Nursing Center		Provider Number:	0 005385-00
924 West 13th Street		Date:	7/24/2013
Panama City FL 32401		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 202.80	New Rate 207.54	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/01/2004	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only No Change in Rate	Z	L DE	· —
Home Office: Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	vices, LLC		



Riverchase Care Center				Provider Number:	0 005386-00
1017 Strong Road				Date:	7/24/2013
Quincy FL 32351				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	<u>-</u>	Current Rate 204.51	New Rate 209.58	Effective Date 7/1/2013
Interin Settlen	Interim n Component nent based on costs	X		re Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Provider Prospective data	Changes	:		
Budget X Unaudited costs Field audited cos Field audit - inter Desk audited cos Desk Audit - Inter Desk Audit - Prop	rim portion ts rim Portion	X	Usual an Target R FRVS C Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/01/1994	n
Distribution:				Thomas Parker	
Contract Management Permanent File For information	-	M		t Reimbursement Plant	
No Change in R	•		2	L-DU	
	Pensacola Administrative S	ervices IIC			
Home Office:	2 North Palafox Street Pensacola Fl 32502	CIVICES, LLC			



Suwannee Health Care Center		Provider Number:	0 005387-00
1620 Helvenston Streets E		Date:	7/24/2013
Live Oak FL 32064		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 206.32	New Rate 211.12	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ray FRVS Cl	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 09/01/1988	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		120	
Home Office: Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	rvices, LLC		



Berkshire Manor		Provider Number:	0 005388-00
1255 NE 135th Street		Date:	7/24/2013
North Miami FL 33161		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 232.05	New Rate 237.53	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 02/01/1998	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	rvices, LLC		



Carnegie Gardens Nursing	Center			Provider Number:	0 005519-00
1415 South Hickory Street				Date:	7/24/2013
Melbourne FL 32901				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level		Current Rate 209.12	New Rate 217.00	Effective Date 7/1/2013
Rate Type :					
Interim		X	Prospectiv	/e	
	Interim		<u>X</u>	Total Prospective	
	m Component			Prospective Adjusted	
	ement 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	n
Field audited co	osts			ate limitation change	
Field audit - int	_		FRVS C	hange	
Desk audited co				, CI	
Desk Audit - Into	ospective portion	<u>X</u>		nester Change [2] as of 10/01/1985	
Distribution:	ospective portion		On Tiev		
Contract Managemer	nt / Fiscal Agent			Thomas Parker	
Permanent File	it / I iscai Agent	N	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information	n Only				2
No Change in	-		2	-220	
Home Office:	Pensacola Administrative S	ervices, LLC			
	2 Nouth Dolof Ct				
	2 North Palafox Street Pensacola Fl 32502				
	i chisacola 14 32302				



Fountainhead Care Center				Provider Number:	0 005523-00
390 NE 135th Street				Date:	7/24/2013
North Miami FL 33161				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	igle Level	_ _	Current Rate 203.64	New Rate 208.43	Effective Date 7/1/2013
Settlem Prior Pi	nterim Component ent based on costs rovider Prospective data	X		re Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited costs Desk audit - Interi Desk Audit - Pros	im portion s m Portion	Changes	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 02/01/1998	on
Distribution:					
Contract Management A Permanent File For information O No Change in Ra	Only	M		Thomas Parker t Reimbursement Plans	
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	ervices, LLC			



Manor on the Green		Provider Number:	0 005543-00
324 Wilder Boulevard		Date:	7/24/2013
Daytona Beach FL 32114		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 215.12	New Rate 220.20	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 07/19/2004	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	rvices, LLC		



Oakwood Garden of Deland				Provider Number:	0 005547-00
451 South Amelia Avenue				Date:	7/24/2013
Deland FL 32724				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	gle Level	_	Current Rate 205.17	New Rate 210.00	Effective Date 7/1/2013
Settlem Prior Pr	nterim Component ent based on costs ovider Prospective data	X	Prospectiv X	ve Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interi Desk audited costs Desk audit - Interi Desk Audit - Pros	m portion s m Portion	Changes:	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	n
Distribution: Contract Management / Permanent File For information O No Change in Ra	Only	Me		Thomas Parker t Reimbursement Plant	-
Home Office:	Pensacola Administrative So 2 North Palafox Street Pensacola Fl 32502	ervices, LLC			



Oaks Of Kissimmee		Provider Number:	0 005549-00
320 North Mitchell Avenue	<u></u>	Date:	7/24/2013
Kissimmee FL 34741		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate		Effective Date
Nursing Home Single Level	227.27		7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospe	ctive Total Prospective Prospective Adjusted to the control of the control	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual Targe FRV:	asure Rating Change I and Customary Limitation Et Rate limitation change S Change Semester Change RV [2] as of 07/01/2004	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid (Cost Reimbursement Plan	ning and Finance
For information Only No Change in Rate		el de	· —
Home Office: Pensacola Administrati 2 North Palafox Street Pensacola Fl 32502	ve Services, LLC		



Avante at Ocala		Provider Number:	0 005701-00
2021 SW 1 Avenue		Date:	7/24/2013
Ocala FL 34474		Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 208.60	New Rate 214.38	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted i Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitation ate limitation change mange mester Change [2] as of 04/01/1992	on
Distribution: Contract Management / Fiscal Agent Permanent File		Thomas Parker	ning and Finance
For information Only No Change in Rate	Z	L-DE	>
Home Office: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 54 Hollywood FL 33021-6744	0-N		



Palatka Health Care Center		Provider Number:	0 005811-00
110 Kay Larkin Dr.		Date:	7/24/2013
Palatka FL 32177		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onaudited [5]
Trovider Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	220.50	223.49	7/1/2013
Rate Type :			
Interim	X Prospectiv	7P	
Total Interim	X	Total Prospective	
Interim Component	<u> </u>	Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
		Total Flospective with	i iliterilii Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs	Usual an	d Customary Limitatio	n
Field audited costs	Target R	ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion		nester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 05/26/1986	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Madigaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	Medicaid Cos	a Reimbursement Piam	ming and rinance
For information Only	معديا	11-00)
No Change in Rate	2	L-DC	
		•	
Home Office: 1 - No Home Office			



V7.016.1.2:HDY8M

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

Boynton Health Care Center				Provider Number:	0 005814-00
7900 Venture Center Way				Date:	7/24/2013
Boynton Beach FL 33437				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	gle Level	_	Current Rate 230.12	New Rate 238.62	Effective Date 7/1/2013
Settlem	nterim Component ent based on costs ovider Prospective data	X		re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:		Changes	:		
Budget X Unaudited costs Field audited costs Field audit - interi Desk audited costs Desk audit - Interi Desk Audit - Pros	m portion s m Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 09/14/1999	on
Distribution:				Thomas Parker	
Contract Management /	Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information (No Change in Ra	•			L DE	-
Home Office:	Pensacola Administrative So 2 North Palafox Street Pensacola Fl 32502	ervices, LLC			



Accentia Health & Rehabil	itation Center of Tampa B			Provider Number:	0 005826-00
1818 East Fletcher Avenue	;			Date:	7/24/2013
Tampa FL 33612				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				Addit Status.	Onaddica [5]
Trovider Types			Current	New	Effective
			Rate	Rate	Date
Nursing Home Si	ingle Level		191.39	195.02	7/1/2013
Rate Type :					
Interim		X	Prospectiv	/e.	
	Interim		- X	Total Prospective	
Interi	m Component			Prospective Adjusted	for New Costs
Settle	ment based on costs			Total Prospective with	Interim Component
Prior 1	Provider Prospective data				
Basis:		Change	s:		
Budget			Licensur	e Rating Change	
X Unaudited costs				d Customary Limitation	on
Field audited co	sts			ate limitation change	
Field audit - inte	erim portion		FRVS C	hange	
Desk audited cos				CI.	
Desk audit - Inte	erim Portion ospective portion	X		nester Change [2] as of 09/01/1991	
Distribution:				Thomas Parker	
Contract Managemen	t / Fiscal Agent	N	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		1,		. Tomosionion i lun	5 und I munec
For information	n Only		7	L-DE	>
No Change in l	Rate		~_	- ale	
Home Office:	Pensacola Administrative Se	ervices, LLC			
	2 North Palafox Street				
	Pensacola Fl 32502				



Glen Oaks Health Care Center	r			Provider Number:	0 005849-00
1100 Pine Street				Date:	7/24/2013
Clearwater FL 33756				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				radit Status.	Chadated [3]
<i>v</i> 1			Current	New	Effective
~.		_	Rate	Rate	Date
Nursing Home Sing	gle Level	_	236.83		7/1/2013
	erim Component nt based on costs	X	Prospectiv X	re Total Prospective Prospective Adjusted f	
Prior Pro	vider Prospective data			Total Prospective with	тистии сотролен
Basis:		Changes:			
Budget X Unaudited costs		-	-	e Rating Change d Customary Limitatio	n
Field audited costs			_	ate limitation change	••
Field audit - interir	n portion		FRVS C	hange	
Desk audited costs Desk audit - Interin Desk Audit - Prosp		X		nester Change [2] as of 02/06/1989	
Distribution:				Thomas Parker	
Contract Management / 1	Fiscal Agent	Me	dicaid Cos	t Reimbursement Plans	ning and Finance
Permanent FileFor information ONo Change in Rat	-			L DE	
Home Office:	Pensacola Administrative Se	ervices, LLC			
	2 North Palafox Street Pensacola Fl 32502				



Heritage Park				Provider Number:	0 005850-00
37135 Coleman Avenue				Date:	7/24/2013
Dade City FL 33525	_			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	_	Current Rate 206.96	New Rate 211.78	Effective Date 7/1/2013
Interin Settlen	Interim In Component Inent based on costs Provider Prospective data	X		re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	1	Changes:			
Budget X Unaudited costs Field audited cos Field audit - inte Desk audited cos Desk audit - Inter Desk Audit - Pro	rim portion ts rim Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 09/01/1997	on
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor informationNo Change in R	-			LDE	-
Home Office:	Pensacola Administrative Section 2 North Palafox Street Pensacola Fl 32502	ervices, LLC			



Lake Eustis Care Center		Provider Number:	0 005851-00
411 W. Woodward Avenue		Date:	7/24/2013
Eustis FL 32726		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 216.46	New Rate 222.05	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on coPrior Provider Prospect		tive _ Total Prospective _ Prospective Adjusted to the control of	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual a Target FRVS X Rate So	ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 08/01/1998	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid C	ost Reimbursement Plan	ning and Finance
Permanent File For information Only No Change in Rate		2120	
Home Office: Pensacola Adr 2 North Palafo Pensacola Fl 33			



Lake Placid Health Care Center		Provider Number:	0 006339-00
125 Tomoka Boulevard South		Date:	7/24/2013
Lake Placid FL 33852		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 202.67	New Rate 207.36	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		re Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/01/1999	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	L DE	· —
Home Office: Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	rvices, LLC		



Windsor Manor				Provider Number:	0 006340-00
602 East Laura Street				Date:	7/24/2013
Starke FL 32091				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Si	ngle Level	_	200.13	204.82	7/1/2013
Interio Settles	Interim n Component ment based on costs	X		ve Total Prospective Prospective Adjusted : Total Prospective with	
Basis:	Provider Prospective data	Changes	s:		
Budget X Unaudited costs Field audited cost Field audit - inte Desk audited cost Desk audit - Inte Desk Audit - Pro	erim portion sts rim 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 07/02/1990	n
Distribution:				Thomas Parker	
Contract Managemen	t / Fiscal Agent	N	ledicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in I	-		2	L DE	· —
Home Office:	Pensacola Administrative So	ervices, LLC			
	2 North Palafox Street Pensacola Fl 32502				



Rehabilitation Center of St. Pete		Provider Number:	0 006408-00	
435 42nd Avenue South		Date:	: 7/24/2013	
St. Petersburg FL 33705		Fiscal Year End:	6/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type:		Tudit Suitus.	enadated [8]	
	Current	New	Effective	
Nuusina Homo Sinala Laval	Rate	Rate	Date	
Nursing Home Single Level	223.76	229.55	7/1/2013	
Rate Type:	X Prospectiv	re		
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 Limitatio	n	
Field audited costs	FRVS C	ate limitation change		
Field audit - interim portion Desk audited costs		nunge		
Desk audit - Interim Portion	X Rate Sen	nester Change		
Desk Audit - Prospective portion	Not on F	RV [1]		
<u>Distribution:</u>		Thomas Parker		
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File		0 70 29 7 101 00		
For information Only	2	L-DE	>	
No Change in Rate				
Home Office: 1 - No Home Office				



Salerno Bay Manor				Provider Number:	0 006483-00
4801 S.E. Cove Road				Date:	7/24/2013
Stuart FL 34997				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single	Level		Current Rate 217.91	New Rate 223.03	Effective Date 7/1/2013
Prior Provide				e Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion portion and post audited costs Desk audit - Interim Portion Post Audit - Prospective Desk Audit	ortion	Changes: X	Usual and Target Robert FRVS Control	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/01/1999	on
Distribution:	1				
Contract Management / Fisc Permanent File For information Only No Change in Rate	al Agent	Med		Thomas Parker t Reimbursement Plans	
2 No	sacola Administrative Serv orth Palafox Street sacola Fl 32502	vices, LLC			



Royal Manor		Provider Number:	0 006489-00
600 Business Parkway		Date:	7/24/2013
Royal Palm Beach FL 33411		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 228.92	New Rate 234.80	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	<u> </u>	re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/01/1999	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only		t Reimbursement Plans	
No Change in Rate Home Office: Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502			



Oakbrook of LaBelle			Provider Number:	0 006767-00
250 Broward Avenue			Date:	7/24/2013
Labelle FL 33935			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	l	Current Rate 222.26	New Rate 227.46	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based of Prior Provider Provider	n costs		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Chang	es:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	ion X	Usual and Target R FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 12/01/2001	n
Distribution:			Thomas Parker	
Contract Management / Fiscal Age Permanent File For information Only	ent —		t Reimbursement Plan	
No Change in Rate		2	1-20	
Home Office.	Administrative Services, LLC lafox Street Fl 32502			



Woods of Manatee Springs				Provider Number:	0 008793-00
5627 9th Street East				Date:	7/24/2013
Bradenton FL 34203				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sing	le Level	 _	Current Rate 226.29	New Rate 231.42	Effective Date 7/1/2013
	erim Component It based on costs	X		re Total Prospective Prospective Adjusted: Total Prospective with	
Prior Prov	vider Prospective data	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim Desk audited costs Desk audit - Interim Desk Audit - Prospe	Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 07/01/1987	on
Distribution:				Thomas Parker	
Contract Management / F Permanent File For information Or No Change in Rate	ıly	Me		t Reimbursement Plan	
1	Putnam Council, Inc. 6 Norcross Street coswell GA 30075				



Courtyard Gardens Rehabilitation Center		Provider Number:	0 010082-00
17781 Thelma Ave		Date:	7/24/2013
Jupiter FL 33458		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 229.25	New Rate 222.33	Effective Date 7/1/2013
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		re Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/08/1996	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information Only		t Reimbursement Plans	-
No Change in Rate Home Office: 1 - No Home Office			



Heartland of Sarasota FL,LLC		Provider Number:	0 010453-00
5401 Sawyer Road	_	Date:	7/24/2013
Sarasota FL 34233	_	Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 217.76	New Rate 223.28	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	I	e Fotal Prospective Prospective Adjusted fotal Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	Rating Change Customary Limitation te limitation change ange ester Change [2] as of 07/10/2009	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Reimbursement Plans	
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland of Boca Raton FL,LLC		Provider Number:	0 011997-00
7225 Boca Del Mar Drive		Date:	7/24/2013
Boca Raton FL 33433		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curren Rate 213.2	t New Rate	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospe		
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usua Targ FRV X Rate	nsure Rating Change I and Customary Limitation et Rate limitation change S Change Semester Change RV [2] as of 08/05/2009	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only	Medicaid	Cost Reimbursement Plan	_
Mo Change in Rate Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Royal Palm Healthcare & Rehabilitation Center		Provider Number:	0 011998-00
2180 10th Avenue		Date:	7/24/2013
Vero Beach FL 32960		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 227.49	New Rate 234.12	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospectiv	re 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	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 03/07/2009	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Grace Healthcare, Inc Randy Martin 7201 Shallowford Rd, STE 200 Chattanooga TN 37421)		



Gulf Shore Rehab & Nursing	<u></u>	Provider Number:	0 014169-00
6767 86th Avenue North	<u></u>	Date:	7/24/2013
Pinellas Park FL 33782		Fiscal Year End:	1/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 224.88	New Rate 230.37	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component		e Total Prospective Prospective Adjusted 1	for New Costs
Settlement based on costs Prior Provider Prospective data		Total Prospective with	Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 02/06/1998	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plant	-
Home Office: Hallmark Accounting Jacob Karmel 368 New Hempstead Ro New City NY 10956	ad #309		



St. James Health And Rehab	ilitation Center			Provider Number:	0 015613-00
239 Crooked River Road				Date:	7/24/2013
Carrabelle FL 32322				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 202.63	New Rate 207.41	Effective Date 7/1/2013
	nterim Component ent based on costs	X		re Total Prospective Prospective Adjusted to Total Prospective with	
Prior Pr Basis:	rovider Prospective data	Changes:			
Budget X Unaudited costs Field audited cost Field audit - interi Desk audited costs Desk audit - Interi Desk Audit - Pros	im portion s im Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 05/26/2009	n
Distribution:				Thomas Parker	
Contract Management	-	Me		t Reimbursement Plan	
For information (No Change in Ra	•		2	L DE	·
Home Office:	Saber Healthcare Group, LLC 26691 Richmond Road Bedford Heights OH 44146				



Bayside Manor		Provider Number:	0 017221-00
4343 Langley Avenue		Date:	7/24/2013
Pensacola FL 32504-8511		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 202.62	New Rate 207.36	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 05/01/1992	n
<u>Distribution:</u>			
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plans	
Home Office: Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	vices, LLC		



Margate Health Care Center		Provider Number:	0 017222-00
5951 Colonial Drive		Date:	7/24/2013
Margate FL 33063		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 225.01	New Rate 230.23	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim Component Settlement based on costs		re Total Prospective Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 02/01/2005	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	vices, LLC		



Rosewood Manor		Provider Number:	0 017223-00
3107 North H Street		Date:	7/24/2013
Pensacola FL 32501		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	- Chaddica [3]
-JP:	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	205.84	210.66	7/1/2013
Rate Type: Interim Total Interim	X Prospectiv	re Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs	Usual an	d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs	D	. CI	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 10/01/1985	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			_
For information Only	2	L-DE	>
No Change in Rate			
Home Office: 1 - No Home Office			



Bay Breeze Nursing & Retirement Center		Provider Number:	0 017225-00
3387 Gulf Breeze Parkway		Date:	7/24/2013
Gulf Breeze FL 32563		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 218.16	New Rate 223.22	Effective Date 7/1/2013
Rate Type :			
Interim Total Interim	X Prospectiv	e Total Prospective	
Interim Component		Prospective Adjusted 1	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		Τ	r
Basis:	Changes:		
Budget	Licensure	e Rating Change	
X Unaudited costs		d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 06/30/1994	
Distribution:	OllTRV		
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cos	t Reimbursement Plant	ning and Finance
For information Only	Specific Control of the Control of t	11-00	>
No Change in Rate	2	L-DE	
	ervices. LLC		
Home Office: Pensacola Administrative S			
2 North Palafox Street			
Pensacola Fl 32502			



Silvercrest Manor				Provider Number:	0 017230-00
103 Ruby Lane				Date:	7/24/2013
Crestview FL 32539				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single	e Level		Current Rate 211.69	New Rate 216.39	Effective Date 7/1/2013
Prior Provi				e Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim p Desk audited costs Desk Audit - Interim F Desk Audit - Prospect	Portion	Changes: X	Usual and Target R FRVS Cl	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 08/01/1988	n
Distribution:	r				
Contract Management / Fis Permanent File For information Only No Change in Rate	•	Med		Thomas Parker t Reimbursement Plant	
2 N	ensacola Administrative Ser North Palafox Street nsacola Fl 32502	rvices, LLC			



Specialty Center of Pensacola		Provider Number:	0 017236-00
6984 Pine Forest Road		Date:	7/24/2013
Pensacola FL 32526		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 216.81	New Rate 221.84	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	<u> </u>	e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 12/16/1991	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information Only No Change in Rate	Z	L DE	·
Home Office: Pensacola Administrative Section 2 North Palafox Street Pensacola Fl 32502	ervices, LLC		



Grand Boulevard Health & I	Rehab. Center			Provider Number:	0 017242-00
138 Sandestin Lane				Date:	7/24/2013
Destin FL 32550				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	igle Level	-	Current Rate 232.91	New Rate 238.88	Effective Date 7/1/2013
Settlem	nterim Component ent based on costs rovider Prospective data	X	Prospectiv X	re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:		Changes			
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk audit - Inter Desk Audit - Pros	im portion s m Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 02/24/1988	n
Distribution:				Thomas Parker	
Contract Management Permanent File	Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in R	•		2	120	· —
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	ervices, LLC			



Lake Bennett Heath and Rehabilitation	Provid	ler Number:	0 017301-00		
1901 Kelton Avenue		Date:	7/24/2013		
Ocoee FL 34761	Fiscal	Year End:	6/30/2012		
		Audit Status:	Unaudited [3]		
Provider Type:	Γ	ruan Status.	Onaddica [5]		
110 tuel 1, per	Current	New	Effective		
	Rate	Rate	Date		
Nursing Home Single Level	212.99 2	12.62	7/1/2013		
Rate Type : Interim	X Prospective				
Total Interim		ospective			
Interim Component	Prospective Adjusted for New Costs				
Settlement based on costs Prior Provider Prospective data	Total Pro	ospective with	Interim Component		
Basis:	Changes:				
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Usual and Custon Target Rate limits FRVS Change X Rate Semester Ch On FRV [2] as of	nary Limitatio ation change nange	n		
<u>Distribution:</u>	Thon	nas Parker			
Contract Management / Fiscal Agent	Medicaid Cost Reimbu	ırsement Planı	ning and Finance		
Permanent FileFor information OnlyNo Change in Rate		De			
Home Office: 1 - No Home Office					



The Park Summit at Coral S	prings			Provider Number:	0 018066-00
8500 Royal Palm Blvd.				Date:	7/24/2013
Coral Springs FL 33065				Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	<u>-</u>	Current Rate 214.88	New Rate 220.05	Effective Date 7/1/2013
Settlem	nterim n Component nent based on costs rovider Prospective data	X	Prospectiv X	re Total Prospective Prospective Adjusted to the Total Prospective with	
Basis:	1	Changes:			
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk audit - Inter Desk Audit - Pros	rim portion as im Portion	X	Usual an Target R FRVS C	re Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 06/01/1986	on
Distribution:				Thomas Parker	
Contract Management Permanent File For information	Only	Me		t Reimbursement Plan	
No Change in R Home Office:	ate FiveStar Quality Care Inc				
Home Office.	400 Centre Street Newton MA 02458				



Bay Village of Sarasota		Provider Number:	0 018777-00
8400 Vamo Road		Date:	7/24/2013
Sarasota FL 34231-7899		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Chautica [5]
-101.002 -JP00	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	235.21	242.03	7/1/2013
Rate Type:	V. Domest		
Interim Total Interim	Y 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:		
Budget	Licensur	e Rating Change	
X Unaudited costs	Usual an	d Customary Limitatio	on
Field audited costs	Target R	ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 02/22/2010	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			_
For information Only	7	L-DE	>
No Change in Rate	_		
Home Office: 1 - No Home Office			



Golfview Healthcare Center		Provider Number:	0 019085-00
3636 10th Avenue North		Date:	7/24/2013
St. Petersburg FL 33713		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	R	rrent New Rate 1.60 211.95	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component		ospective X Total Prospective Prospective Adjusted	
Settlement based on cost Prior Provider Prospecti	ve data	Total Prospective with	h Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	U_T T F	icensure Rating Change Usual and Customary Limitation Carget Rate limitation change CRVS Change Late Semester Change On FRV [2] as of 12/15/1986	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medic	Thomas Parker aid Cost Reimbursement Plan	_
Home Office: Signature Healt Julie Kleiser 12201 Bluegrass Louisville KY 4	s Parkway		



Southern Pines Healthcare Center		Provider Number:	0 019282-00
6140 Congress Street		Date:	7/24/2013
New Port Richey FL 34653		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 183.94	New Rate 183.00	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospecti X	ve Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target F FRVS C X Rate Ser	re Rating Change and Customary Limitatio Rate limitation change Change mester Change [2] as of 09/01/1987	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information Only		st Reimbursement Plan	
No Change in Rate	2	- all	
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Signature HealthCARE of Jacksonville		Provider Number:	0 019284-00
2061 Hyde Park Rd		Date:	7/24/2013
Jacksonville FL 32210		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curre Rat 193.	ent New e Rate	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		pective X Total Prospective Prospective Adjusted Total Prospective wit	for New Costs h Interim Component
Budget X Unaudited costs		ensure Rating Change 1al and Customary Limitatio	on
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Tai	get Rate limitation change VS Change e Semester Change	on
Desk Audit - Prospective portion		FRV [2] as of 04/01/1993	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicai	d Cost Reimbursement Plar	nning and Finance
Permanent FileFor information OnlyNo Change in Rate		21-20	2
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Golfcrest Healthcare Center				Provider Number:	0 019287-00
600 North 17th Avenue				Date:	7/24/2013
Hollywood FL 33020				Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single	Level		Current Rate 194.88	New Rate 199.18	Effective Date 7/1/2013
		X1		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim po Desk audited costs Desk audit - Interim Po Desk Audit - Prospecti	ortion	X	Usual and Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 04/01/2003	n
Distribution:				Thomas Parker	
Contract Management / Fisc Permanent FileFor information Only No Change in Rate	al Agent	Med		t Reimbursement Plans	
Julie 1220	nature Healthcare LLC E Kleiser DI Bluegrass Parkway isville KY 40299				



Coastal Health and Rehabilita	tion Center			Provider Number:	0 021261-00
820 N Clyde Morris Blvd				Date:	7/24/2013
Daytona Beach FL 32117				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sing	gle Level	 _	Current Rate 202.80	New Rate 207.62	Effective Date 7/1/2013
Settleme	terim Component ent based on costs ovider Prospective data	X		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:		Changes			
Budget X Unaudited costs Field audited costs Field audit - interin Desk audited costs Desk audit - Interin Desk Audit - Prosp	n portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/19/2004	n
Distribution:				Thomas Parker	
Contract Management /	Fiscal Agent	Me	edicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File For information C No Change in Ra	·			L DE	
	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	ervices, LLC			



Carlton Shores Health and Re	ehab Center			Provider Number:	0 022138-00
1350 South Nova Road				Date:	7/24/2013
Daytona Beach FL 32114				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sing	gle Level		Current Rate 238.73	New Rate 244.18	Effective Date 7/1/2013
Settleme	erim Component nt based on costs vider Prospective data	X		re Total Prospective Prospective Adjusted to the Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited costs Field audit - interin Desk audited costs Desk Audit - Interin Desk Audit - Prosp	n Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/01/1987	n
Distribution:				Thomas Parker	
Contract Management /	Fiscal Agent	Me	dicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File For information O No Change in Rat	· ·			120	
Frome Ginee.	Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite 30 Γampa FL 33610				



San Marco Terrace Rehab and care		Provider Number:	0 022293-00
189 San Marco Avenue		Date:	7/24/2013
St. Augustine FL 32084		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 204.71	New Rate 210.64	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective	X Prospectiv X ———————————————————————————————————	ve Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Ser	re Rating Change and Customary Limitation cate limitation change Change mester Change [2] as of 09/01/1987	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information Only		st Reimbursement Plan	
Mo Change in Rate Home Office: Brooks Health Sy. Bruce Blake 3599 University B. Jacksonville FL 32	vd, South		



Blountstown Health and Rehab	ilitation Center			Provider Number:	0 022987-00
16690 S. W. Chipola Road				Date:	7/24/2013
Blountstown FL 32424				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Singl	e Level	-	Current Rate 213.49	New Rate 218.55	Effective Date 7/1/2013
Prior Prov		X		re Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim Desk audited costs Desk audit - Interim Desk Audit - Prospec	Portion	Changes	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange mester Change [2] as of 08/01/1996	n
<u>Distribution:</u>	1			Thomas Parker	
Contract Management / Fi	iscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information On No Change in Rate	ly		Z	120	· —
M 19	WW Healthcare Consultants elvin Woodward, Jr. 978 8th Avenue NW ickory NC 28603	s, LLC			



V7.016.1.2:HDY8M

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

The Home Association, Inc.				Provider Number:	0 022994-00
1203 East 22nd Avenue				Date:	7/24/2013
Tampa FL 33605				Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sir	ngle Level		Current Rate 210.29	New Rate 203.02	Effective Date 7/1/2013
	nterim n Component nent based on costs	X		re Total Prospective Prospective Adjusted to Total Prospective with	
Prior P. Basis:	rovider Prospective data	Changes:]		
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk Audit - Inter Desk Audit - Pros	im portion s im Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985	n
Distribution: Contract Management Permanent File For information No Change in R	Only	Me		Thomas Parker t Reimbursement Plans	
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619				



Okeechobee Healthcare Facility		Provider Number:	0 023067-00
1646 Highway 441 North		Date:	7/24/2013
Okeechobee FL 34972		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	- Chaddica [3]
Tionage Types	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	238.26	243.70	7/1/2013
Rate Type:			
Interim	X Prospectiv		
Total Interim		Total Prospective	San Nassa Canta
Interim Component Settlement based on costs		Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data		Total Flospective with	i internii Component
^	Chaman		
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 03/01/2005	
Distribution:	OnTRV	Thomas Parker	
Contract Management / Fiscal Agent	Madianid Can		ning and Einenen
Permanent File	wiedicaid Cos	t Reimbursement Plan	ining and finalice
For information Only	-7	120	>
No Change in Rate	2		
Home Office: 1 - No Home Office			
Home Office.			



Vienna Square				Provider Number:	0 023255-00
701 Overlook Drive				Date:	7/24/2013
Winter Haven FL 33844				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Onadated [3]
			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home Sin	ngle Level	_	232.77	238.57	7/1/2013
Rate Type :					
Interim		X	Prospectiv		
Total I				Total Prospective	
	n Component nent based on costs			Prospective Adjusted to Total Prospective with	
	rovider Prospective data			Total Prospective with	i internii Component
Basis:	1	Changes	.1		
Dasis.		Changes	<u>.</u>		
Budget			Licensur	e Rating Change	
X Unaudited costs		-	_	d Customary Limitatio	n
Field audited cos	ts			ate limitation change	
Field audit - inter	_		FRVS C	hange	
Desk audited cost Desk audit - Inter		<u> X</u>	- Data Cam	on a stan Classes	
Desk Audit - Pros		A		nester Change [2] as of 11/04/2010	
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent		adianid Con	t Reimbursement Plan	ning and Finance
Permanent File		IVI	edicaid Cos	a Kennoursement Flam	imig and rinance
For information	Only		7	120	>
No Change in R	ate		~_		
Home Office:	TLC Management				
	1800 North Wabash Ave				
	Marion IN 46952				



Key West Health & Rehabil	itation			Provider Number:	0 024167-00
5860 W. Junior College Roa				Date:	7/24/2013
Key West FL 33040	_				
	_			Fiscal Year End:	6/30/2012
D				Audit Status:	Unaudited [3]
Provider Type:			Current	New	Effective
			Rate	Rate	Date
Nursing Home Sin	ngle Level		272.09	236.11	7/1/2013
Rate Type : Interim		X	Prospectiv	ve	
Total I			<u>X</u>	Total Prospective	
	n Component			Prospective Adjusted	
	nent based on costs Provider Prospective data			Total Prospective with	Interim Component
	Tovider i Tospective data		1		
Basis:		Changes:	_		
D 1 .			Licensur	e Rating Change	
Budget Variable Vari		-		d Customary Limitation	an
Field audited cos	ts			ate limitation change	M1
Field audit - inter			FRVS C	=	
Desk audited cos	•		•		
Desk audit - Inter		X		nester Change	
Desk Audit - Pro	spective portion		On FRV	[2] as of 08/12/2010	
<u>Distribution:</u>				Thomas Parker	
Contract Management	/ Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					_
For information	-		7	L-DC	>
No Change in R	ate			- ELE	
Home Office:	Senior Care Group, Inc.				
2101100	Kathy Chudow				
	1240 Marbella Plaza Drive				
	Tampa FL 33619				
	1				



West Broward Rehabilitation and Healthcare		Provider Number:	0 026536-00
7751 West Broward Blvd.		Date:	7/24/2013
Plantation FL 33324		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 235.96	New Rate 241.83	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospectiv	ve Total Prospective Prospective Adjusted : Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Sen	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	-
Home Office: 1 - No Home Office			



The Crossings		Provider Number:	0 028100-00
4445 Pine Forest Drive		Date:	7/24/2013
Lake Worth FL 33463		Fiscal Year End:	1/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 254.85	New Rate 262.56	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		re Total Prospective Prospective Adjusted : Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 11/01/1988	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information Only		t Reimbursement Plan	
No Change in Rate	_	1-20	
Home Office: 1 - No Home Office			



Cross Pointe Care Center		Provider Number:	0 028133-00
440 Phippen-Waiters Road		Date:	7/24/2013
Dania Beach FL 33004		Fiscal Year End:	1/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onaddica [5]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	237.11	244.00	7/1/2013
Rate Type :			
Interim	X Prospective		
Total Interim		Total Prospective	San Na Clark
Interim Component Settlement based on costs		Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data		Total Flospective with	i internii Component
	- CI		
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion		nester Change	
Desk Audit - Prospective portion Distribution:	Oll FKV	[2] as of 05/01/2000	
		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information Only			2
No Change in Rate	2	L-DE	
			
Home Office: 1 - No Home Office			



Cross Terrace Rehabilitation Center		Provider Number:	0 028148-00
1351 San Christopher Drive		Date:	7/24/2013
Dunedin FL 34698		Fiscal Year End:	1/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	
- JPO	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	213.13	218.70	7/1/2013
Rate Type: Interim Total Interim	X Prospectiv	ve Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion		[2] as of 10/01/1985	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		C 200240 100 100	
For information Only No Change in Rate	Z	L-DE	
Home Office: 1 - No Home Office			



Wuesthoff Progressive Care Center	Pro	ovider Number:	0 028602-00
8050 Spyglass Rd		Date:	7/24/2013
Viera FL 32940	Fi	scal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 211.89	New Rate 216.27	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Prosp	Prospective Dective Adjusted for Prospective with	or New Costs Interim Component
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rat Usual and Cus Target Rate lis FRVS Change	stomary Limitatio mitation change	n
Distribution:	T	homas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Rei		_
Home Office: 1 - No Home Office			



The Health Center Of Windermere	Pro	vider Number:	0 030479-00
4875 Cason Cove Drive		Date:	7/24/2013
Orlando FL 32811	Fis	cal Year End:	6/30/2012
	1.0	Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Onadarioa [5]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	225.20	218.59	7/1/2013
Rate Type: Interim Total Interim	X Prospective X Total	Prospective	
Interim Component		ective Adjusted f	For New Costs
Settlement based on costs		=	Interim Component
Prior Provider Prospective data		1	•
Basis:	Changes:		
Budget	Licensure Ratio	ng Change	
X Unaudited costs		omary Limitatio	n
Field audited costs	Target Rate lin	nitation change	
Field audit - interim portion	FRVS Change		
Desk audited costs Desk audit - Interim Portion	X Rate Semester	Change	
Desk Audit - Prospective portion	On FRV [2] as		
<u>Distribution:</u>	Th	omas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Rein	nbursement Planı	ning and Finance
Permanent File			
For information Only	Zl	-200	,
No Change in Rate			
Home Office: 1 - No Home Office			



The Health Center of Plant City		Provider Number:	0 030484-00
701 North Wilder Road		Date:	7/24/2013
Plant City FL 33566		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onaudica [3]
110/Idel 1, per	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	235.64	222.28	7/1/2013
Rate Type :			
Interim	X Prospective		
Total Interim	XT	otal Prospective	
Interim Component		rospective Adjusted	
Settlement based on costs	T	otal Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
	T ·	D. C. C.	
Budget		Rating Change	
X Unaudited costs Field audited costs		Customary Limitation change	on
Field audit - interim portion	FRVS Cha	_	
Desk audited costs		8-	
Desk audit - Interim Portion	X Rate Seme	ester Change	
Desk Audit - Prospective portion	On FRV [2	2] as of 10/01/2000	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plans	ning and Finance
Permanent File	Wedicald Cost		and I manee
For information Only	-7	L-20	>
No Change in Rate			
Home Office: 1 - No Home Office			
Home Office.			



The Health Center of Pensacola, Inc.		Provider Number:	0 030487-00
8475 University Pkwy		Date:	7/24/2013
Pensacola FL 32514		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 226.54	New Rate 219.83	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 05/28/1987	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	-
Home Office: 1 - No Home Office			



Parkway Health & Rehab		Provider Number:	0 030490-00
800 SE Central Pkwy		Date:	7/24/2013
Stuart FL 34994		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		riudit Status.	
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	233.26	233.62	7/1/2013
Rate Type: Interim	X 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:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 03/22/1990	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	_
Home Office: 1 - No Home Office			



The Health Center of Merritt Island		Provider Number:	0 030491-00
500 Crockett Boulevard		Date:	7/24/2013
Merritt Island FL 32953		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	enduaried [5]
	Current	New	Effective
Nursing Home Single Level	Rate	Rate	Date 7/1/2013
Nursing Home Single Level	230.22		7/1/2013
Rate Type: Interim Total Interim	X Prospectiv	e Total Prospective	
Interim Component		Prospective Adjusted t	for New Costs
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitation ate limitation change nange nester Change [2] as of 08/01/1990	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L-DE	
Home Office: 1 - No Home Office			



The Health Center of Lake City		Provider Number:	0 030527-00
560 S.W. McFarlane Ave.		Date:	7/24/2013
Lake City FL 32025		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	223.76	217.17	7/1/2013
Rate Type:	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	n
Field audited costs		tate limitation change	
Field audit - interim portion	FRVS C	Change	
Desk audited costs	P	, CI	
Desk audit - Interim Portion Desk Audit - Prospective portion		mester Change [2] as of 05/01/1999	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File			-
For information Only	7	L DE	>
No Change in Rate		- EL	
Home Office: 1 - No Home Office			



Imperial Health Care Center	Provider Number: 0 030530-00
900 Imperial Golf Course	Date: 7/24/2013
Naples FL 34110	Fiscal Year End: 6/30/2012
	Audit Status: Unaudited [3]
Provider Type:	Audit Status. Chadaled [5]
110 Mari 1, per	Current New Effective
	Rate Rate Date
Nursing Home Single Level	<u>234.94</u> <u>234.60</u> <u>7/1/2013</u>
Rate Type: Interim Total Interim Interim Component	X Prospective X Total Prospective Prospective Adjusted for New Costs
Settlement based on costs Prior Provider Prospective data Basis:	Total Prospective with Interim Component Changes:
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 06/01/1991
<u>Distribution:</u>	Thomas Parker
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent FileFor information OnlyNo Change in Rate	ze ze
Home Office: 1 - No Home Office	



The Health Center of Daytona Beach	Provider Number:	0 030535-00
550 National Healthcare Drive	Date:	7/24/2013
Daytona Beach FL 32114	Fiscal Year End:	6/30/2012
	Audit Status:	Unaudited [3]
Provider Type:	Audit Status.	Chaudica [5]
Trovider Types	Current New	Effective
	Rate Rate	Date
Nursing Home Single Level	226.85 219.46	7/1/2013
Rate Type : Interim	X Prospective	
Total Interim	X Total Prospective	for New Coats
Interim Component Settlement based on costs	Prospective Adjusted Total Prospective with	
Prior Provider Prospective data	Total Prospective with	i interim Component
	Changes:	
Dasis.	Changes.	
Budget	Licensure Rating Change	
X Unaudited costs	Usual and Customary Limitation	on
Field audited costs	Target Rate limitation change	
Field audit - interim portion	FRVS Change	
Desk audited costs	D	
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semester Change On FRV [2] as of 07/11/1996	
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent		' 15'
Permanent File	Medicaid Cost Reimbursement Plan	ning and Finance
For information Only	2120	>
No Change in Rate		
Home Office: 1 - No Home Office		
nome Office:		



Health Center of Coconut Creek		Provider Number:	0 030537-00
4125 W Sample Road		Date:	7/24/2013
Coconut Creek FL 33073		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	241.79	243.97	7/1/2013
Rate Type :			
Interim	X Prospectiv	70	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted to	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		-	•
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs	Usual and	d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS CI	hange	
Desk audited costs		. CI	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 12/09/1997	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File			-
For information Only	7	L-20	>
No Change in Rate	_	- EL	
Home Office: 1 - No Home Office			



Charlotte Harbor Healthcare		Provider Number:	0 030540-00
4000 Kings Highway		Date:	7/24/2013
Port Charlotte FL 33980		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Chaddica [3]
Trovider Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	239.17	236.74	7/1/2013
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:	Changes:		
P. 1.	Licancur	e Rating Change	
Budget X Unaudited costs		d Customary Limitatio	ın.
Field audited costs		ate limitation change	vii
Field audit - interim portion	FRVS C	=	
Desk audited costs		8-	
Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 06/02/1994	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			8
For information Only	7	L-20	>
No Change in Rate	~		
Home Office: 1 - No Home Office			
Home Office.			



Bayonet Point Health & Rehabilitation Center		Provider Number:	0 030546-00
7210 Beacon Woods Drive		Date:	7/24/2013
Hudson FL 34667		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 234.43	New Rate 227.29	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospectiv	re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/2000	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		120	-
Home Office: 1 - No Home Office			



The Aristocrat		Provider Number:	0 030552-00
10949 Parnu Street		Date:	7/24/2013
Naples FL 34109		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 265.52	New Rate 256.81	Effective Date 7/1/2013
Rate Type:	V. Daniel		
Interim Total Interim	Y Prospectiv	Total Prospective	
Interim Component		Prospective Adjusted to	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		•	•
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs	Usual and	d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Sen	Clarina Clarina	
Desk Audit - Prospective portion		nester Change [2] as of 06/09/1994	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			
For information Only	2	L-20	>
No Change in Rate			
Home Office: 1 - No Home Office			



North Campus Rehabilitation and Health Center		Provider Number:	0 031880-00
700 N Palmetto Street		Date:	7/24/2013
Leesburg FL 34748		Fiscal Year End:	2/29/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 224.49	New Rate 234.96	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Cl	e Rating Change I Customary Limitation ate limitation change hange hester Change [2] as of 10/11/1988	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		120	_
Home Office: 1 - No Home Office			



Clyde E. Lassen State Veterans' Nursing Home		Provider Number:	0 032049-00
4650 State Road 16		Date:	7/24/2013
St. Augustine FL 32092		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 222.52	New Rate 226.93	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitation ate limitation change hange hester Change [2] as of 11/16/2010	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Florida Dept. of Veterans Affai Walter Gilchrist 11351 Ulmerton Road, Room 33 Largo Fl 33778-1630			



V7.016.1.2:HDY8M

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

Unity Health & Rehab Ce	enter			Provider Number:	0 032482-00
1404 NW 22nd Street				Date:	7/24/2013
Miami FL 33142				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 216.08	New Rate 221.41	Effective Date 7/1/2013
Rate Type :					
Interim		X	Prospectiv		
	l Interim		<u>X</u>	Total Prospective	C N C
	rim Component			Prospective Adjusted	
	ement based on costs			Total Prospective with	Interim Component
PI10I	r Provider Prospective data				
Basis:		Change	es:		
Budget			Licensur	e Rating Change	
X Unaudited cost				d Customary Limitation	on
Field audited c				ate limitation change	
Field audit - in	•		FRVS C	hange	
Desk audited co			<u> </u>	· · · · · · · · ·	
Desk Audit - In	rospective portion	<u> X</u>		nester Change [2] as of 11/01/1988	
Distribution:	rospective portion				
Contract Manageme	ent / Fiscal Agent			Thomas Parker	
Permanent File	int / I iscai Agent]	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information	on Only				2
			2	-220	
No Change in	i Natt				
Home Office:	Greystone Healthcare Mana	igement, LLC			
	4042 Park Oaks Blvd, Suite	300			
	Tampa FL 33610	500			



V7.016.1.2:HDY8M

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

Lady Lake Specialty Care Center	Prov	ider Number:	0 032486-00
630 Griffin Avenue		Date:	7/24/2013
Lady Lake FL 32159	Fisc	al Year End:	12/31/2011
	1150	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 226.01	New Rate	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	Prospe	Prospective ctive Adjusted f Prospective with	For New Costs Interim Component
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Ratin Usual and Custo Target Rate limi FRVS Change X Rate Semester Con FRV [2] as of	omary Limitatio itation change Change	n
<u>Distribution:</u>	Tho	mas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reim		ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZE	
Home Office: Greystone Healthcare Manage 4042 Park Oaks Blvd, Suite 30 Tampa FL 33610			



Sunset Lake Health & Rehab Center		Provider Number:	0 032551-00
832 Sunset Lake Blvd		Date:	7/24/2013
Venice FL 34292		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 237.32	New Rate 243.08	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	P.	otal Prospective rospective Adjusted f otal Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Rat FRVS Cha	Rating Change Customary Limitatio e limitation change ange ester Change 2] as of 03/17/1992	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Greystone Healthcare Manage 4042 Park Oaks Blvd, Suite 30 Tampa FL 33610	Medicaid Cost 1	Thomas Parker Reimbursement Plani	



Lexington Health & Rehabilitation Center		Provider Number:	0 032553-00
6300 46th Avenue North		Date:	7/24/2013
St. Petersburg FL 33709		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 221.34	New Rate 226.48	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R	e Rating Change d Customary Limitation ate limitation change hange nester Change	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	
Home Office: Greystone Healthcare Manage 4042 Park Oaks Blvd, Suite 30 Tampa FL 33610			



Seven Hills Health & Rehab Center		Provider Number:	0 033175-00
3333 Capital Medical Blvd.		Date:	7/24/2013
Tallahassee FL 32308		Fiscal Year End:	1/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 222.79	New Rate 229.09	Effective Date 7/1/2013
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted : Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 12/01/2001	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		t Reimbursement Plan	_
Home Office: Summit Care II, Inc Guy Farmer 2851 Remington Green Circle Tallahassee FL 32308	e, Ste. D		



Benderson Family Skilled Nuring & Rehab Center		Provider Number:	0 033717-00
1955 North Honore Ave.		Date:	7/24/2013
Sarasota FL 34235		Fiscal Year End:	10/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 245.54	New Rate 249.59	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		re Total Prospective Prospective Adjusted : Total Prospective with	
Basis:	Changes:		
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Sen	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 03/22/2011	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	_
Home Office: 1 - No Home Office			



Grace Healthcare of Lake Wales		Provider Number:	0 034504-00
730 North Scenic Highway		Date:	7/24/2013
Lake Wales FL 33853		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onaudited [5]
1101Met 1, per	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	203.58	208.38	7/1/2013
Rate Type:	X Prospectiv	e	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted t	
X 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	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs	P C	. CI	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 03/09/2011	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File			
For information Only	7	L-DC	>
No Change in Rate		- EL	
Home Office: Grace Healthcare, Inc Randy Martin 7201 Shallowford Rd, STE 200 Chattanooga TN 37421			



NuVista Living at Wellington Green		Provider Number:	0 038640-00
10330 Devonshire Blvd.		Date:	7/24/2013
Wellington FL 33414		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current	New	Effective
Nursing Home Single Level	Rate	Rate	Date 7/1/2013
Nursing Home Single Level	240.57	245.70	//1/2013
Rate Type :			
X Interim	Prospective	2	
X Total Interim		Total Prospective	
Interim Component		Prospective Adjusted to	
Settlement based on costs	7	Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
X Budget	Licensure	Rating Change	
Unaudited costs		Customary Limitation	n
Field audited costs	Target Ra	te limitation change	
Field audit - interim portion	FRVS Ch	ange	
Desk audited costs Desk audit - Interim Portion	X Rate Sem	ester Change	
Desk Audit - Prospective portion		2] as of 10/04/2011	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plans	ning and Finance
Permanent File			
For information Only	Z	L-20	>
No Change in Rate			
Home Office: 1 - No Home Office			



NuVista Living at Hillsborough Lakes	Provid	er Number:	0 041324-00
19091 North Dale Mabry Highway		Date:	7/24/2013
Lutz FL 33548	Fiscal	Year End:	6/30/2012
		audit Status:	Unaudited [3]
Provider Type:		tuait Status.	Onaddica [3]
Trovider Types	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	242.72 2	47.75	7/1/2013
Rate Type :			
X Interim	Prospective		
X Total Interim		ospective	
Interim Component	Prospect	ive Adjusted f	For New Costs
Settlement based on costs	Total Pro	ospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
X Budget	Licensure Rating	Change	
Unaudited costs	Usual and Custon	•	n
Field audited costs	Target Rate limita		
Field audit - interim portion	FRVS Change		
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semester Ch On FRV [2] as of		
Distribution:		nas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbu		ning and Finance
Permanent File	Wichicald Cost Kellilot	n sement fidh	ing and Finance
For information Only	70	20	>
No Change in Rate		-ELC	
Home Office: 1 - No Home Office			
Home Office.			



University Center West	Provider Number:	0 041685-00
545 West Euclid Avenue	Date:	7/24/2013
Deland FL 32720	Fiscal Year End:	8/31/2012
	Audit Status:	Unaudited [3]
Provider Type:	Audit Status.	Chaudited [3]
110vider 1, per	Current New	Effective
	Rate Rate	Date
Nursing Home Single Level	208.76 213.06	7/1/2013
Rate Type: Interim Total Interim	X Prospective X Total Prospective	
Interim Component	Prospective Adjusted for	or New Costs
Settlement based on costs	Total Prospective with	Interim Component
Prior Provider Prospective data		
Basis:	Changes:	
Budget	Licensure Rating Change	
X Unaudited costs	Usual and Customary Limitation	l
Field audited costs	Target Rate limitation change	
Field audit - interim portion	FRVS Change	
Desk audited costs	D . C	
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semester Change On FRV [2] as of 10/01/1985	
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Plann	ing and Finance
Permanent File		
For information Only	21-20	
No Change in Rate		
Home Office: 1 - No Home Office		



University Center East		Provider Number:	0 041686-00
991 East New York Avenue		Date:	7/24/2013
Deland FL 32724		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onaudica [5]
Trovider Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	206.96	203.50	7/1/2013
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:		
Budget		e Rating Change	
X Unaudited costs		d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	nange	
Desk audited costs Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion		[2] as of 10/01/1985	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Madianid Con	t Reimbursement Plan	ning and Finance
Permanent File	Wiedicald Cos	t Kennbursement Fram	ning and rmance
For information Only	h	11-00	,
No Change in Rate	~	1-20	
Home Office: 1 - No Home Office			
Home Office.			
		1	



Cross Landings Health and Rehab		Provider Number:	0 042138-00
1780 N Jefferson Street		Date:	7/24/2013
Monticello FL 32344		Fiscal Year End:	1/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		110010 210000	
••	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	238.29		7/1/2013
Rate Type:Interim	X Prospectiv		
Total Interim		Total Prospective	S. N. C.
Interim Component X Settlement based on costs		Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data		Total Prospective with	i internii Component
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Usual and Target R: FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 04/01/2009	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	-
Home Office: 1 - No Home Office			



Crosswinds Health and Rehab		Provider Number:	0 042140-00
13455 West US Highway 90		Date:	7/24/2013
Greenville FL 33231		Fiscal Year End:	1/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	238.14	243.44	7/1/2013
Rate Type :			
 Interim	X Prospectiv	/e	
Total Interim	Trospectiv	Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
X 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 audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs	D		
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 10/01/1985	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			-
For information Only	7	L-20	>
No Change in Rate	2_		
Home Office: 1 - No Home Office			



Heron Pointe Health and Rehab.		Provider Number:	0 043832-00
1445 Howell Avenue		Date:	7/24/2013
Brooksville FL 34601		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	- Chadated [5]
1101Met 1, per	Curre	nt New	Effective
	Rate	Rate	Date
Nursing Home Single Level	193.0	<u>196.46</u>	7/1/2013
Rate Type :			
X Interim	Prosr	pective	
X Total Interim	1105p	Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective wit	h Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
X Budget	Lice	ensure Rating Change	
Unaudited costs		al and Customary Limitati	on
Field audited costs	Targ	get Rate limitation change	
Field audit - interim portion	FRV	VS Change	
Desk audited costs Desk audit - Interim Portion	D .	a d	
Desk Audit - Prospective portion		e Semester Change FRV [2] as of 12/01/2001	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaio	l Cost Reimbursement Plan	nning and Finance
Permanent File			_
For information Only		2626	7
No Change in Rate			
Home Office: 1 - No Home Office			



Heritage Healthcare Center		Provider Number:	0 043833-00
3101 Ginger Drive		Date:	7/24/2013
Tallahassee FL 32308		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:			
-	Current	New	Effective
Nuveina Hama Single Level	Rate	Rate	Date
Nursing Home Single Level	187.94	<u> 191.27</u>	7/1/2013
Rate Type: X Interim	Prospective	e	
X Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data	1		
Basis:	Changes:		
V D I	Licansura	e Rating Change	
Wanget Unaudited costs		l Customary Limitatio	an
Field audited costs		ate limitation change	711
Field audit - interim portion	FRVS Cl	nange	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		lester Change [2] as of 04/26/1997	
Distribution:			
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cost	Reimbursement Plan	ning and Finance
For information Only	7	L DE	>
No Change in Rate	2	- XC	
Home Office:			
Home Office.			



Heritage Health Care Center		Provider Number:	0 043835-00
1026 Albee Farm Road		Date:	7/24/2013
Venice FL 34292		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	
-JP	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	212.08	215.80	7/1/2013
Rate Type :			
X Interim	Prospe	ctive	
X Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	n Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
X Budget	Licen	sure Rating Change	
Unaudited costs		and Customary Limitatio	on
Field audited costs	Targe	t Rate limitation change	
Field audit - interim portion	FRVS	S Change	
Desk audited costs	X Rate S		
Desk audit - Interim Portion Desk Audit - Prospective portion		Semester Change RV [2] as of 09/23/1988	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid (Cost Reimbursement Plan	ning and Finance
Permanent File			_
For information Only		ZL DE	2
No Change in Rate			
Home Office: 1 - No Home Office			



Heritage Healthcare and Rehab. Center		Provider Number:	0 043838-00
777 Ninth Street North		Date:	7/24/2013
Naples FL 34102		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 218.48	New Rate 222.25	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		re Total Prospective Prospective Adjusted : Total Prospective with	
Basis:	Changes:		
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 09/23/1988	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only No Change in Rate	Z	LDE	
Home Office: 1 - No Home Office			



Keystone Rehab. and Health Center	Provider Number: 0 04383	9-00
1120 West Donegan Avenue	Date: 7/24/20	013
Kissimmee FL 34741	Fiscal Year End: 1/31/20	013
	Audit Status: Unaudite	
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 191.33 194.69 7/1/2013	-
Rate Type :		
X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Prospective Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Compo	onent
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 10/19/2006	
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Planning and Finance	re
Home Office: 1 - No Home Office		



Oakbridge Healthcare Center		Provider Number:	0 043841-00
3110 Oakbridge Blvd E		Date:	7/24/2013
Lakeland FL 33803		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Chaudited [5]
-10.1401 -J.P.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	204.66	208.01	7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:		re Total Prospective Prospective Adjusted : Total Prospective with	
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/02/1991	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Madicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L-DC	
Home Office: 1 - No Home Office			



Oaktree Healthcare		Provider Number:	0 043843-00
650 Reed Canal Road		Date:	7/24/2013
South Daytona FL 32119		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	- Chaudited [5]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	205.27	208.89	7/1/2013
Rate Type: X Interim X Total Interim Interim Component		e Total Prospective Prospective Adjusted i	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		Total Flospective with	i internii Component
Basis: X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitation ate limitation change nange nester Change [2] as of 05/21/1993	on
		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Cost	Reimbursement Plan	ning and Finance
For information Only No Change in Rate	Z	L-DE	·
Home Office: 1 - No Home Office			



Rio Pinar Health Care		Provider Number:	0 043846-00
7950 Lake Underhill Road		Date:	7/24/2013
Orlando FL 32822		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		Taudit Status	
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	203.47	207.01	7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:		re Total Prospective Prospective Adjusted : Total Prospective with	
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 09/23/1988	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	Wedicald Cos	t Kennoursement I ian	ming and I mance
For information Only No Change in Rate	Z	1-20	>
Home Office: 1 - No Home Office			



Palms Rehabilitation & Healthcare Center		Provider Number:	0 043847-00
5405 Babcock Street NE		Date:	7/24/2013
Palm Bay FL 32905		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 206.26	New Rate 209.87	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		re Total Prospective Prospective Adjusted Total Prospective with	
Basis:	Changes:		
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 03/11/1998	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	_
Home Office: 1 - No Home Office			



Coral Trace Health Care		Provider Number:	0 043848-00
216 Santa Barbara Blvd		Date:	7/24/2013
Cape Coral FL 33991		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 202.45	New Rate 205.90	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	F	or Total Prospective Prospective Adjusted for Total Prospective with	
Basis:	Changes:		
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch X Rate Seme	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 12/01/2001	on
Distribution:	-	Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate		Reimbursement Plans	
Home Office: 1 - No Home Office			



Parks Healthcare and Rehabilitation Center		Provider Number:	0 043850-00
9311 S. Orange Blossom Trail		Date:	7/24/2013
Orlando FL 32837		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 203.41	New Rate 206.98	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	P	otal Prospective rospective Adjusted for	
Basis:	Changes:		
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Rat FRVS Cha	Rating Change Customary Limitatio e limitation change ange ester Change 2] as of 02/01/2012	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Reimbursement Plani	
Home Office: 1 - No Home Office			



Coral Bay Healthcare and Rehabilitation	Provide	r Number:	0 043851-00
2939 S. Haverhill Road		Date:	7/24/2013
West Palm Beach FL 33415	Fiscal Y	Year End:	1/31/2013
		dit Status:	Unaudited [3]
Provider Type:			
• •		ew	Effective
N II C' I		ate	Date
Nursing Home Single Level	210.98 21	5.78	7/1/2013
Rate Type :			
X Interim	Prospective		
X Total Interim	Total Pros	-	
Interim Component		•	for New Costs
Settlement based on costs Prior Provider Prospective data		spective with	Interim Component
	71		
Basis:	Changes:		
X Budget	Licensure Rating C	hange	
Unaudited costs	Usual and Customa	_	n
Field audited costs	Target Rate limitati		
Field audit - interim portion	FRVS Change		
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Semester Cha On FRV [2] as of 0		
<u>Distribution:</u>		as Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimburg		ning and Finance
Permanent File			
For information Only	ZL	20	>
No Change in Rate		ELL	
Home Office: 1 - No Home Office			



Plantation Bay Rehabilitation Center		Provider Number:	0 043853-00
4641 Old Canoe Creek Road		Date:	7/24/2013
St. Cloud FL 34769		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 208.00	New Rate 211.64	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs		e Total Prospective Prospective Adjusted f Total Prospective with	
Prior Provider Prospective data Basis:	Changes:		
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change Il Customary Limitation ate limitation change nange sester Change [2] as of 07/20/1995	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Reimbursement Plan	
Home Office: 1 - No Home Office			



Colonial Lakes Health Care			Provider Number:	0 043854-00
15204 West Colonial Drive			Date:	7/24/2013
Winter Garden FL 34787			Fiscal Year End:	1/31/2013
			Audit Status:	Unaudited [3]
Provider Type:			riddit Status.	Chadanea [5]
	C	Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level	1	193.96	197.40	7/1/2013
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	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
X Budget		Licensur	e Rating Change	
Unaudited costs			d Customary Limitatio	n
Field audited costs		_	ate limitation change	
Field audit - interim portion		FRVS C	hange	
Desk audited costs Desk audit - Interim Portion	<u> </u>	Data Can	nester Change	
Desk Audit - Prospective portion			[2] as of 09/01/1990	
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cos	t Reimbursement Plans	ning and Finance
Permanent File				-
For information Only		7	L-DE	>
No Change in Rate				
Home Office: 1 - No Home Office				



Central Park Healthcare and Rehabilitation Center		Provider Number:	0 043856-00
702 S. Kings Avenue		Date:	7/24/2013
Brandon FL 33511		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 199.70	New Rate 203.19	Effective Date 7/1/2013
Rate Type :			
X Interim	Prospectiv		
Total Interim Interim Component		Total Prospective Prospective Adjusted:	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
X Budget	Licensure	e Rating Change	
Unaudited costs	Usual and	d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Sem	nester Change	
Desk Audit - Prospective portion		[2] as of 02/25/1991	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			
For information Only	7	L-20	>
No Change in Rate	_		
Home Office: 1 - No Home Office			



Beneva Lakes Healthcare and Rehabilitation Center	Provider Number: 0 043857-00
741 S. Beneva Road	Date: 7/24/2013
Sarasota FL 34232	Fiscal Year End: 1/31/2013
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 209.23 212.88 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Prospective Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Basis:	Changes:
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 01/01/2001
<u>Distribution:</u>	Thomas Parker
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Planning and Finance
Home Office: 1 - No Home Office	



Bradenton Health Care		Provider Number:	0 043859-00
6305 Cortez Road West		Date:	7/24/2013
Bradenton FL 34210		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	- Chaudited [5]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	214.03	218.78	7/1/2013
Rate Type: X Interim X Total Interim		Total Prospective	
Interim Component		Prospective Adjusted to	for New Costs
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
X Budget		e Rating Change	
Unaudited costs Field audited costs		d Customary Limitation thange	on
	FRVS CI	_	
Field audit - interim portion Desk audited costs	TRVS CI	iunge	
Desk audit - Interim Portion	X Rate Sem	nester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 12/09/1999	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	t Reimbursement Plans	ning and Finance
Permanent File	Tribalcula Cost	Tromodisoment Franc	and I manee
For information Only	7	120	>
No Change in Rate	_		
Home Office: 1 - No Home Office			



Brandon Health & Rehabilitation Center		Provider Number:	0 043860-00
1465 Oakfield Drive		Date:	7/24/2013
Brandon FL 33511		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	
-101,2001	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	198.01	201.31	7/1/2013
Rate Type :			
X Interim	Prospect	ive	
X Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
W. D. L.	Licansu	re Rating Change	
Budget Unaudited costs		nd Customary Limitation	nn
Field audited costs		Rate limitation change)II
Field audit - interim portion	FRVS	Change	
Desk audited costs			
Desk audit - Interim Portion		mester Change V [2] as of 05/07/1997	
Desk Audit - Prospective portion Distribution:	On FR	v [2] as of 05/07/1997	
		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	ost Reimbursement Plan	ning and Finance
Permanent File For information Only			2
No Change in Rate	2	2020	
			
Home Office: 1 - No Home Office			



Fort Pierce Health Care		Provider Number:	0 043861-00
611 South 13th Street	-	Date:	7/24/2013
Ft. Pierce FL 34950	_	Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onductica [3]
110 radi 1 jper	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	213.95	217.72	7/1/2013
Rate Type :			
X Interim	Prospective		
Total Interim Interim Component		Fotal Prospective Prospective Adjusted to	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data	·		
Basis:	Changes:		
X Budget	Licensure	Rating Change	
Unaudited costs		l Customary Limitatio	n
Field audited costs		te limitation change	
Field audit - interim portion	FRVS Ch	ange	
Desk audited costs Desk audit - Interim Portion	X Rate Sem	ester Change	
Desk Audit - Prospective portion		[2] as of 10/01/1985	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plant	ning and Finance
Permanent File			
For information Only	Z	L-DE	>
No Change in Rate	30		
Home Office: 1 - No Home Office			



Habana Health Care Center		Provider Number:	0 043862-00
2916 Habana Way		Date:	7/24/2013
Tampa FL 33614		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Onduction [3]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	197.81	201.28	7/1/2013
Rate Type: X Interim X Total Interim Interim Component		e Total Prospective Prospective Adjusted i	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		1	1
Basis: X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:	Usual and Target Ra FRVS CI	e Rating Change I Customary Limitation ate limitation change nange nester Change [2] as of 05/01/1989	on
		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Cost	Reimbursement Plan	ning and Finance
For information Only No Change in Rate	Z	L-DE	» —
Home Office: 1 - No Home Office			



Health & Rehab. Centre at Dolphins View	Provider Number: 0 043863-00
1820 Shore Drive South	Date: 7/24/2013
South Pasadena FL 33707	Fiscal Year End: 1/31/2013
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 230.10 235.11 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Prospective Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Basis:	Changes:
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 04/01/1991
Distribution:	Thomas Parker
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Planning and Finance
Home Office: 1 - No Home Office	



Grand Oaks Health and Rehab. Center	Provider Numb	er: 0 043864-00
3001 Palm Coast Parkway SE	Da	te: 7/24/2013
Palm Coast FL 32137	Fiscal Year En	d: 1/31/2013
	Audit Stat	-
Provider Type: Nursing Home Single Level	Current Rate New Rate 197.92 201.24	Effective
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		sted for New Costs with Interim Component
Basis:	Changes:	
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Lim Target Rate limitation chan FRVS Change X Rate Semester Change On FRV [2] as of 05/16/19	nge
<u>Distribution:</u>	Thomas Park	er
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement	Planning and Finance
Home Office: 1 - No Home Office		



Harts Harbor Health Care Center	Provider Number:	0 043865-00
11565 Harts Road	Date:	7/24/2013
Jacksonville FL 32218	Fiscal Year End:	1/31/2013
	Audit Status:	Unaudited [3]
Provider Type:	Audit Status.	Chadated [3]
	Current New	Effective
	Rate Rate	Date
Nursing Home Single Level	<u>167.18</u> <u>169.18</u>	7/1/2013
Rate Type: X Interim X Total Interim	Prospective 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:	
X Budget	Licensure Rating Change	
Unaudited costs	Usual and Customary Limitation	on
Field audited costs	Target Rate limitation change	
Field audit - interim portion	FRVS Change	
Desk audited costs Desk audit - Interim Portion	X Rate Semester Change	
Desk Audit - Prospective portion	On FRV [2] as of 12/01/2001	
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Plan	ning and Finance
Permanent File		
For information Only	21-20	2
No Change in Rate		
Home Office: 1 - No Home Office		



Fletcher Health and Rehab. Center		Provider Number:	0 043866-00
518 West Fletcher Ave		Date:	7/24/2013
Tampa FL 33612		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Chaudica [5]
110 (Idea 1) per	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	210.38	214.71	7/1/2013
Rate Type: X Interim X Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis: X Budget Unaudited costs		e Rating Change	
Field audited costs		d Customary Limitation thange	ш
Field audit - interim portion	FRVS CI	_	
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 05/19/1998	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		120	
Home Office: 1 - No Home Office			



Wedgewood Healthcare Center	Provider Number: 0 043867-00
1010 Carpenters Way	Date: 7/24/2013
Lakeland FL 33809	Fiscal Year End: 1/31/2013
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 209.07 213.15 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Prospective Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Basis:	Changes:
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 03/26/1999
Distribution:	Thomas Parker
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Planning and Finance
Home Office: 1 - No Home Office	



Deltona Health Care		Provider Number:	0 043868-00
1851 Elkcam Boulevard		Date:	7/24/2013
Deltona FL 32725		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:			
••	Current	New	Effective
N II C' I. I I	Rate	Rate	Date
Nursing Home Single Level	203.02	206.56	7/1/2013
Rate Type :			
X Interim	Prospective		
Total Interim Interim Component		Fotal Prospective Prospective Adjusted to	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	hanges:		
X Budget	Licensure	e Rating Change	
X Budget Unaudited costs		l Customary Limitatio	ın
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS Cl	nange	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		ester Change [2] as of 05/01/1998	
Distribution:	OnTRV	Thomas Parker	
Contract Management / Fiscal Agent	Madigaid Coat	Reimbursement Plan	ning and Einanga
Permanent File	Medicaid Cost	Remoursement Plan	ning and rinance
For information Only	7	L-20	>
No Change in Rate	_		
Home Office: 1 - No Home Office			



Lake Mary Health and Rehab.Center	Provider Number:	0 043871-00
710 North Sun Drive	Date:	7/24/2013
Lake Mary Fl 32746	Fiscal Year End:	1/31/2013
	Audit Status:	Unaudited [3]
Provider Type:	Audit Status.	Chaudica [5]
110vider 1, per	Current New	Effective
	Rate Rate	Date
Nursing Home Single Level	203.71 207.20	7/1/2013
Rate Type :		
X Interim	Prospective	
X Total Interim	Total Prospective	
Interim Component	Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data	Total Prospective with	Interim Component
Basis:	Changes:	
W. D. L.	Licensure Rating Change	
Budget Unaudited costs	Usual and Customary Limitation	an
Field audited costs	Target Rate limitation change	711
Field audit - interim portion	FRVS Change	
Desk audited costs		
Desk audit - Interim Portion	X Rate Semester Change	
Desk Audit - Prospective portion	On FRV [2] as of 11/08/2000	
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Plan	ning and Finance
Permanent File	-	
For information Only	21-20	>
No Change in Rate		
Home Office: 1 - No Home Office		



Countryside Rehab and Healthcare Center	Prov	vider Number:	0 043872-00
3825 Countryside Blvd.		Date:	7/24/2013
Palm Harbor FL 34684	Fiso	cal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:			
	Current	New	Effective
Nuncing Home Cingle Level	Rate	Rate	Date
Nursing Home Single Level	201.86	205.40	7/1/2013
Rate Type :			
X Interim	Prospective		
X Total Interim		Prospective ective Adjusted t	San Name Casta
Interim Component Settlement based on costs		•	Interim Component
Prior Provider Prospective data	10tar	r rospective with	i intermi Component
	Changes:		
X Budget	Licensure Ratin	-	
Unaudited costs Field audited costs	Usual and Cust Target Rate lim	omary Limitatio	n
Field audit - interim portion	FRVS Change	intation change	
Desk audited costs			
Desk audit - Interim Portion	X Rate Semester	Change	
Desk Audit - Prospective portion	On FRV [2] as	of 10/19/1987	
<u>Distribution:</u>	The	omas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reim	bursement Plani	ning and Finance
Permanent File			
For information Only	Zl	-20	>
No Change in Rate			
Home Office: 1 - No Home Office			



Harbor Beach Nursing and Rehab. Center		Provider Number:	0 043873-00
1615 Miami Road		Date:	7/24/2013
Ft. Lauderdale FL 33316		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 220.42	New Rate 224.25	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Prospect	ive Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual a Target I FRVS 0 X Rate Se	nre Rating Change nd Customary Limitatio Rate limitation change Change mester Change [2] as of 05/28/1986	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	ost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	-
Home Office: 1 - No Home Office			



Health Center at Brentwood	Provider Number	r: 0 043874-00
2333 North Brentwood Circle	Date	e: 7/24/2013
Lecanto FL 34461	Fiscal Year End	1/31/2013
	Audit Status	-
Provider Type:	Current New	Effective
N	Rate Rate	Date
Nursing Home Single Level	200.69 204.15	7/1/2013
Rate Type :		
X Interim	Prospective	
X Total Interim	Total Prospective	
Interim Component	Prospective Adjust	ed for New Costs
Settlement based on costs	Total Prospective v	vith Interim Component
Prior Provider Prospective data		
Basis:	Changes:	
X Budget	Licensure Rating Change	
Unaudited costs	Usual and Customary Limit	ation
Field audited costs	Target Rate limitation chang	
Field audit - interim portion	FRVS Change	
Desk audited costs	D. G. G.	
Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Semester Change On FRV [2] as of 12/01/200	1
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement P	
Permanent File		-
For information Only	26-26	2
No Change in Rate		
Home Office: 1 - No Home Office		



Governor's Creek Health and Rehab.	P	rovider Number:	0 043875-00
803 Oak Street		Date:	7/24/2013
Green Cove Springs FL 32043	I	Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 203.81	New Rate 207.38	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs	Pro	al Prospective spective Adjusted f al Prospective with	for New Costs Interim Component
	Changes:	t'Cl	
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Target Rate FRVS Chan X Rate Semest	ustomary Limitatio limitation change ge	n
Distribution:	7	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Re	eimbursement Plani	
Home Office: 1 - No Home Office			



Largo Rehab and Spa		Provider Number:	0 043876-00
9035 Bryan Dairy Rd.		Date:	7/24/2013
Largo FL 33777		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	- Chaudited [3]
-10,1401 -J.P.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	203.86	207.41	7/1/2013
Rate Type: X Interim	Prospectiv		
Total Interim Interim Component		Total Prospective Prospective Adjusted to	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		1	r
Basis:	Changes:		
X Budget	Licensure	e Rating Change	
Unaudited costs		d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion Desk audited costs	FRVS Cl	iange	
Desk audit - Interim Portion	X Rate Sem	ester Change	
Desk Audit - Prospective portion		[2] as of 01/01/1999	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plans	ning and Finance
Permanent File			
For information Only	7	120	>
No Change in Rate	_		
Home Office: 1 - No Home Office			



Magnolia Health and Rehabilitation Center		Provider Number:	0 043877-00
1507 South Tuttle Ave		Date:	7/24/2013
Sarasota FL 34239		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 210.11	New Rate 213.82	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Pr	otal Prospective ospective Adjusted for otal Prospective with	for New Costs Interim Component
Basis: X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and C Target Rate FRVS Char X Rate Semes		n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		Thomas Parker Reimbursement Plans	



Marshall Health and Rehab. Center	Provider Number:	0 043878-00
207 Marshall Drive	Date:	7/24/2013
Perry FL 32347	Fiscal Year End:	1/31/2013
	Audit Status:	Unaudited [3]
Provider Type:	Audit Status.	Chaudited [5]
Trovider Types	Current New	Effective
	Rate Rate	Date
Nursing Home Single Level	<u> 181.43</u>	7/1/2013
Rate Type: X Interim X Total Interim	Prospective 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	Licensure Rating Change	
Unaudited costs	Usual and Customary Limitation	on
Field audited costs	Target Rate limitation change	
Field audit - interim portion	FRVS Change	
Desk audited costs Desk audit - Interim Portion	X Rate Semester Change	
Desk Audit - Prospective portion	On FRV [2] as of 10/01/1985	
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Plan	ning and Finance
Permanent File		
For information Only No Change in Rate	21-20	<i></i>
		-co mp81
Home Office: 1 - No Home Office		



North Florida Rehab. and Specialty Care		Provider Number:	0 043880-00
6700 NW 10th Place		Date:	7/24/2013
Gainesville FL 32605		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 196.44	New Rate 199.79	Effective Date 7/1/2013
D-4- T			
X Interim X Total Interim Interim Component Settlement based on costs	Prospec	tive Total Prospective Prospective Adjusted: Total Prospective with	
Prior Provider Prospective data Basis:	Changes:		
X Budget 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	ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 12/01/2001	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid C	ost Reimbursement Plan	ning and Finance
For information Only No Change in Rate	~	1120	
Home Office: 1 - No Home Office			



Crestview Rehabilitation Center			Provider Number:	0 044886-00
1849 First Avenue East			Date:	7/24/2013
Crestview FL 32539			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	- -	Current Rate 219.80	New Rate 225.69	Effective Date 7/1/2013
D-4- T				
Interim Total Interim Interim Component X Settlement based on component Prior Provider Prospect		Prospective	ve Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited costs	Changes	Licensur Usual an	e Rating Change d Customary Limitatio ate limitation change	on
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X		hange nester Change [2] as of 10/30/1987	
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent	M	edicaid Cos	st Reimbursement Plant	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		Z	l De	· —
R. Mark Cronq	Drive, Suite 150			



Fort Walton Rehabilitation Center		Provider Number:	0 044888-00
1 LBJ Sr. Drive		Date:	7/24/2013
Ft. Walton Beach FL 32547		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 219.56	New Rate 231.84	Effective Date 7/1/2013
Rate Type:			
Interim	X Prospectiv		
Total Interim Interim Component		Total Prospective Prospective Adjusted to	for New Costs
X Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensure	e Rating Change	
X Unaudited costs		d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS CI	hange	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 12/08/1987	
Distribution:	OnTRV	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	Wiedleard Cos	t Kennoursement I fan	ining and I mance
For information Only	-7	120	>
No Change in Rate	2		
Home Office: Southern HealthCare Manager	ment, LLC		
R. Mark Cronquist	,		
5887 Glenridge Drive, Suite 15	0		
Atlanta GA 30328			



River Valley Rehabilitation	Center			Provider Number:	0 044889-00
17884 N.E. Crozier Center				Date:	7/24/2013
Blountstown FL 32424	_			Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sir	ngle Level	_	Current Rate 222.36	New Rate 227.75	Effective Date 7/1/2013
X Settlem	nterim Component ent based on costs rovider Prospective data	X		re Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs		Changes	Licensur Usual an	e Rating Change d Customary Limitatio	on
Field audited cost Field audit - inter Desk audited cost Desk audit - Inter Desk Audit - Pros	im portion s im Portion	X	FRVS C Rate Sen	hange hester Change [2] as of 01/01/1987	
Distribution:				Thomas Parker	
Contract Management Permanent File For information No Change in R	Only	M		t Reimbursement Plan	
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:	7/24/2013
Tavernier FL 33070		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	- Chaudited [3]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	246.60	252.87	7/1/2013
Rate Type: X Interim	Prospective	e	
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	Licensure	e Rating Change	
Unaudited costs		l Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS Ch	nange	
Desk audited costs Desk audit - Interim Portion	X Rate Sem	ester Change	
Desk Audit - Prospective portion		[2] as of 12/19/2011	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File			
For information Only	Z	L-DC	>
No Change in Rate		-	
Home Office: 1 - No Home Office			



The Crossroads		Provider Number:	0 045471-00
206 West Orange Street		Date:	7/24/2013
Davenport FL 33837		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	
-101,2001	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	227.57	230.73	7/1/2013
Rate Type :			
X Interim	Prospec	ntivo	
X Total Interim	110spec	Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		_	
Basis:	Changes:		
X Budget	Licens	sure Rating Change	
Unaudited costs		and Customary Limitation	on
Field audited costs		t Rate limitation change	
Field audit - interim portion	FRVS	Change	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		Semester Change RV [2] as of 07/01/1988	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid (Cost Reimbursement Plan	ning and Finance
Permanent File	Medicald C	OST KUIHUUISCHICHT FIAH	ining and Finance
For information Only		el De	>
No Change in Rate			
Home Office: 1 - No Home Office			
Tionic Office.			



Homestead Manor A Palace Community		Provider Number:	0 046017-00
1330 NW First Avenue		Date:	7/24/2013
Homestead FL 33030		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 251.54	New Rate 257.89	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentX Settlement based on costsPrior Provider Prospective data	X Prospecti	ve Total Prospective Prospective Adjusted to the Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target R FRVS C X Rate Ser	re Rating Change and Customary Limitation cate limitation change Change mester Change [2] as of 11/01/2011	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cos	Thomas Parker st Reimbursement Plan	
Home Office: Professional Care I, Inc. Oscar Roiz 10850 SW 113th Place Miami FL 33176			



Victoria Nursing and Rehabilitation Center		Provider Number:	0 046128-00
955 NW 3rd Street		Date:	7/24/2013
Miami Fl 33128		Fiscal Year End:	2/29/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 232.39	New Rate 237.16	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		ve Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Sen	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 11/13/2000	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only		t Reimbursement Plan	_
No Change in Rate	2	LDE	, —
Home Office: 1 - No Home Office			



Crossbreeze Care Center		Provider Number:	0 046233-00
1755 18th Street		Date:	7/24/2013
Sarasota FL 34234		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		riudit Status.	- Chadanea [5]
V.F.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	230.31	234.02	7/1/2013
Rate Type: X Interim X Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
XBudget	Licensur	e Rating Change	
Unaudited costs		d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	nange	
Desk audited costs Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion		[2] as of 10/01/1985	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			
For information Only	2	L-DC	>
No Change in Rate			
Home Office: 1 - No Home Office			



Riverside Care Center				Provider Number:	0 046758-00
899 NW 4th Street				Date:	7/24/2013
Miami FL 33128				Fiscal Year End:	2/29/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	-	Current Rate 233.31	New Rate 239.53	Effective Date 7/1/2013
Settlem	nterim n Component nent based on costs rovider Prospective data	X	Prospectiv X	ve Total Prospective Prospective Adjusted to Total Prospective with	
Basis:		Changes	:		
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk Audit - Inter Desk Audit - Pros	rim portion ss im Portion	X	Usual an Target R FRVS C	nester Change	n
Distribution:				Thomas Parker	
Contract Management Permanent File For information No Change in R	Only	M		st Reimbursement Plan	
Home Office:	Stacey Enterprises, Inc Richard E. Stacey 421 Garrard Street Covington KY 41011				



Renaissance Health and Rehabilitation		Provider Number:	0 047787-00
5065 Wallis Road		Date:	7/24/2013
West Palm Beach FL 33415		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 232.47	New Rate 238.37	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs		e Total Prospective Prospective Adjusted f Total Prospective with	
Prior Provider Prospective data Basis:	Changes:		
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change I Customary Limitation ate limitation change hange lester Change [2] as of 07/09/1986	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Reimbursement Plan	
Home Office: 1 - No Home Office			



Wood Lake Nursing & Rehabilitation Center		Provider Number:	0 047788-00
6414 13th Road South		Date:	7/24/2013
West Palm Beach FL 33415		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	226.47	230.43	7/1/2013
Truising frome Single Level		230.43	7/1/2013
X Budget	Changes: Licensure	Fotal Prospective Prospective Adjusted of Fotal Prospective with Rating Change	n Interim Component
Unaudited costs Field audited costs		Customary Limitation te limitation change	on
Field audit - interim portion	FRVS Ch	•	
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		ester Change [2] as of 07/11/1988	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	L-DE	· —
Home Office: 1 - No Home Office			



Hillcrest Nursing and Rehabilitation Center		Provider Number:	0 047795-00
4200 Washington Street		Date:	7/24/2013
Hollywood FL 33021		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 204.91	New Rate 209.64	Effective Date 7/1/2013
Rate Type :			
X Interim	Prospectiv		
Total Interim Interim Component		Total Prospective Prospective Adjusted:	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
	8		
X Budget	Licensur	e Rating Change	
Unaudited costs		d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion		[2] as of 06/27/1989	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			_
For information Only	2	L-DE	>
No Change in Rate			
Home Office:			



Health Central Park		Provider Number:	0 048441-00
411 North Dillard Street		Date:	7/24/2013
Winter Garden FL 34787		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	224.76	229.68	7/1/2013
Rate Type :			
Interim	X 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:		
D. 1.	Licansur	e Rating Change	
Budget X Unaudited costs		d Customary Limitatio	nn
Field audited costs		ate limitation change	711
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion		nester Change	
Desk Audit - Prospective portion Distribution:	Oll FRV	[2] as of 10/01/1985	
		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only		. 1	
No Change in Rate	Z	L-DE	
Home Office: 1 - No Home Office			



Ocala Oaks Rehabilitation Cent	er			Provider Number:	0 048611-00
3930 E Silver Springs Blvd				Date:	7/24/2013
Ocala FL 34470				Fiscal Year End:	5/31/2013
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single	e Level		Current Rate 232.22	New Rate 236.82	Effective Date 7/1/2013
		I		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:		Changes:			
X Budget Unaudited costs Field audited costs Field audit - interim Desk audited costs Desk audit - Interim I Desk Audit - Prospec	Portion	X	Usual and Target Ra FRVS Cl	e Rating Change I Customary Limitation ate limitation change hange hester Change [2] as of 04/18/1991	n
Distribution:				Thomas Parker	
Contract Management / Fi	scal Agent	Med	licaid Cos	Reimbursement Plani	ning and Finance
Permanent File For information Onl No Change in Rate	y			L DE	_
R. 58	outhern HealthCare Managern Mark Cronquist 87 Glenridge Drive, Suite 150 lanta GA 30328				



New Riviera Nursing and Rehabilitation Center	P	Provider Number:	0 048807-00
6901 Yumuri Street		Date:	7/24/2013
Coral Gables FL 33146]	Fiscal Year End:	11/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 250.77	New Rate 252.61	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Pro	tal Prospective ospective Adjusted fatal Prospective with	for New Costs Interim Component
Basis: X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and C Target Rate FRVS Chan X Rate Semest		n
Distribution:	,	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Re	eimbursement Plani	
Home Office: 1 - No Home Office			



South Dade Nursing and Rehabilitation Center		Provider Number:	0 054789-00
17475 S. Dixie Highway		Date:	7/24/2013
Miami FL 33157		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 200.50	New Rate 204.05	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim	Prospectiv	re Total Prospective	
Total Interim Interim Component		Prospective Adjusted:	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Sen	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 04/01/2004	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L-DE	_
Home Office: 1 - No Home Office			
nome office.			



Golden Glades Nursing and Rehabilitation Center	Provider Number: 0 054790-00
220 Sierra Drive	Date: 7/24/2013
Miami FL 33179	Fiscal Year End: 5/31/2013
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 228.90 232.90 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Prospective Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 10/01/1998
<u>Distribution:</u>	Thomas Parker
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Planning and Finance
Home Office: 1 - No Home Office	



Calusa Harbour	Provider Nu	mber: 0 059369-00
2525 E First Street		Date: 7/24/2013
Fort Myers FL 33901	Fiscal Year	End: 9/30/2013
	Audit S	tatus: Unaudited [3]
Provider Type:	Current New Rate Rate	Effective Date
Nursing Home Single Level	239.45 244.76	7/1/2013
Rate Type :		
X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		ive ljusted for New Costs ive with Interim Component
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Chang Usual and Customary L Target Rate limitation c FRVS Change X Rate Semester Change On FRV [2] as of 10/01	imitation hange
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimburseme	ent Planning and Finance
Home Office: 1 - No Home Office		



Stratford Court of Palm Harbor		Provider Number:	0 059400-00
45 Katherine Blvd		Date:	7/24/2013
Palm Harbor FL 34684		Fiscal Year End:	9/30/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 238.94	New Rate 245.46	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim Interim Component		e Total Prospective Prospective Adjusted i	for New Costs
Settlement based on costs Prior Provider Prospective data Basis:		Total Prospective with	
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Usual and Target Ra FRVS Ch	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 02/12/1992	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Reimbursement Plan	
Home Office: 1 - No Home Office			



The Gardens of Port St. Lucie		Provider Number:	0 059404-00
1699 SE Lyngate Drive		Date:	7/24/2013
Port St. Lucie FL 34952		Fiscal Year End:	9/30/2013
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onaddica [5]
110 Hadi 1, per	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	236.49	240.48	7/1/2013
Rate Type: X Interim X Total Interim Interim Component		o Cotal Prospective Prospective Adjusted t	for New Costs
Settlement based on costs Prior Provider Prospective data	1	Cotal Prospective with	Interim Component
Basis: X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch X Rate Seme	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 10/18/1993	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plans	ning and Finance
Permanent File For information Only No Change in Rate	Z	l-RC	·
Home Office: 1 - No Home Office			



Summer Brook Health Care Center		Provider Number:	0 059783-00
5377 Moncrief Road		Date:	7/24/2013
Jacksonville FL 32209		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 189.42	New Rate 193.71	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Prospect	ive Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual a Target FRVS	nre Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 10/01/1985	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information Only		ost Reimbursement Plan	_
No Change in Rate	2		
Home Office: 1 - No Home Office			



Shoal Creek Rehabilitation Center		Provider Number:	0 059852-00
500 Hospital Drive		Date:	7/24/2013
Crestview Fl 32539		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 177.68	New Rate 180.84	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Price Provider Propositive data	P	otal Prospective rospective Adjusted to otal Prospective with	for New Costs Interim Component
Prior Provider Prospective data Basis:	Changes:		
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Rat FRVS Cha X Rate Seme	Rating Change Customary Limitation e limitation change ange ester Change 2] as of 04/27/2000	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		Reimbursement Plans	



Englewood Healthcare & Rehab. Center		Provider Number:	0 059855-00
1111 Drury Lane		Date:	7/24/2013
Englewood FL 34224		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	192.18	195.50	7/1/2013
Rate Type :			
X Interim	Prospective	e	
X Total Interim		Total Prospective	
Interim Component	1	Prospective Adjusted t	for New Costs
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	hanges:		
X Budget	Licensure	Rating Change	
Unaudited costs		l Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS Ch	nange	
Desk audited costsDesk audit - Interim Portion	X Rate Sem	anton Change	
Desk Audit - Prospective portion		ester Change [2] as of 05/01/1993	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File			
For information Only	7	120	>
No Change in Rate		-	
Home Office: 1 - No Home Office			



V7.016.1.2:HDY8M

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

Island Health and Rehab. Center		Provider Number:	0 059866-00
125 Alma Boulevard		Date:	7/24/2013
Merritt Island FL 32953		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:			
• •	Current	New	Effective
N II C' I	Rate	Rate	Date
Nursing Home Single Level	189.59	192.91	7/1/2013
Rate Type :			
X Interim	Prospective		
X Total Interim		otal Prospective ospective Adjusted f	for Navy Costs
Interim Component Settlement based on costs			Interim Component
Prior Provider Prospective data		nai i rospective with	memi component
Basis:	Changes:		
Dusis.	Changes.		
X Budget	Licensure F	Rating Change	
Unaudited costs		Customary Limitatio	n
Field audited costs		e limitation change	
Field audit - interim portion	FRVS Char	nge	
Desk audited costs Desk audit - Interim Portion	X Rate Semes	eter Change	
Desk Audit - Prospective portion		as of 04/01/1996	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost R	Reimbursement Plani	ning and Finance
Permanent File		7	
For information Only No Change in Rate	2	C-20	,
Home Office: 1 - No Home Office			



Rosewood Health and Rehab. Center		Provider Number:	0 059869-00
3920 Rosewood Way		Date:	7/24/2013
Orlando FL 32808		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 200.32	New Rate 203.85	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim	Prospective	e Fotal Prospective	
Interim Component		Prospective Adjusted t	for New Costs
Settlement based on costs		Γotal Prospective with	Interim Component
Prior Provider Prospective data			
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	Rating Change I Customary Limitation the limitation change lange ester Change [2] as of 12/01/2001	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	120	· —
Home Office: 1 - No Home Office			



Evans Health Care	Provider Number:	0 059873-00
3735 Evans Avenue	Date:	7/24/2013
Ft Myers FL 33901	Fiscal Year End:	1/31/2013
	Audit Status:	Unaudited [3]
Provider Type:		
	Current New	Effective
Nuveing Home Single Level	Rate Rate	Date 7/1/2013
Nursing Home Single Level	207.00 210.55	//1/2013
D-4- T		
Rate Type :		
X Interim	Prospective	
X Total Interim	Total Prospective Prospective Adjusted	for Novy Coata
Interim Component Settlement based on costs	Total Prospective with	
Prior Provider Prospective data	rotal Prospective will	Timerim Component
	Changes:	
	g	
X Budget	Licensure Rating Change	
Unaudited costs	Usual and Customary Limitation	on
Field audited costs	Target Rate limitation change	
Field audit - interim portion	FRVS Change	
Desk audited costs Desk audit - Interim Portion	X Rate Semester Change	
Desk Audit - Prospective portion	On FRV [2] as of 12/14/1998	
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Plan	ning and Finance
Permanent File		
For information Only	21-26	2
No Change in Rate		
Home Office: 1 - No Home Office		



Sea Breeze Health Care		Provider Number:	0 059874-00
1937 Jenks Avenue		Date:	7/24/2013
Panama City FL 32405		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	- Chaudited [5]
-10.1401 -J.Pov	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	184.45	187.70	7/1/2013
Rate Type: X Interim X Total Interim	Prospectiv	e 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		e Rating Change	
Unaudited costs Field audited costs		d Customary Limitation thange	on
Field audited costs Field audit - interim portion	FRVS CI	=	
Desk audited costs		iunge	
Desk audit - Interim Portion	X Rate Sem	ester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 12/01/2001	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File	Tyrodronia Cost		
For information Only	7	120	>
No Change in Rate	_		
Home Office: 1 - No Home Office			



Spring Hill Health and Rehab. Center		Provider Number:	0 059877-00
12170 Cortez Blvd.		Date:	7/24/2013
Brooksville FL 34613		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 200.48	New Rate 204.98	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Prospectiv	re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Sen	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/01/1997	on
<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	L DE	·
Home Office: 1 - No Home Office			



Emerald Shores Health and Rehab.	Provider Number:	0 060972-00
626 North Tyndall Parkway	Date:	7/24/2013
Callaway Fl 32404	Fiscal Year End:	1/31/2013
	Audit Status:	Unaudited [3]
Provider Type:	Current New Rate Rate	Effective Date
Nursing Home Single Level	208.98 Rate 212.54	7/1/2013
Truising Frome Single Level	212.34	7/1/2013
Rate Type :		
X Interim	Prospective	
Total Interim Interim Component	Total Prospective Prospective Adjusted	1 for New Costs
Settlement based on costs		th Interim Component
Prior Provider Prospective data	rotal Prospective wi	tii internii Component
Basis:	Changes:	
X Budget	Licensure Rating Change	
Unaudited costs	Usual and Customary Limitat	
Field audited costs	Target Rate limitation change	
Field audit - interim portion	FRVS Change	
Desk audited costs Desk audit - Interim Portion	X Rate Semester Change	
Desk Audit - Prospective portion	On FRV [2] as of 08/30/2000	
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Pla	nning and Finance
Permanent File		_
For information Only	26-26	7
No Change in Rate		
Home Office: 1 - No Home Office		



University Hills Health and Rehab.		Provider Number:	0 060993-00
10040 Hillview Road		Date:	7/24/2013
Pensacola FL 32514		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 209.78	New Rate 213.47	Effective Date 7/1/2013
Rate Type :			
X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	I	e Fotal Prospective Prospective Adjusted for the Prospective Adjusted for the Prospective with	
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	Rating Change Customary Limitation the limitation change thange ester Change 2] as of 10/01/1985	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost	Thomas Parker Reimbursement Plant	
Home Office: 1 - No Home Office			



Heritage Park Rehab. and Healthcare		Provider Number:	0 061095-00
2826 Cleveland Avenue		Date:	7/24/2013
Ft. Myers FL 33901		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 209.27	New Rate 212.93	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	1	e Fotal Prospective Prospective Adjusted to Fotal Prospective with	
Basis:	Changes:		
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change I Customary Limitation te limitation change hange ester Change [2] as of 10/01/1985	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Reimbursement Plan	
Home Office: 1 - No Home Office			



Destin Healthcare and Rehabilitation Center		Provider Number	er: 0 061101-00
195 Mattie M. Kelly Blvd.		Da	te: 7/24/2013
Destin FL 32541		Fiscal Year End	d: 1/31/2013
		Audit Stati	-
Provider Type:		Tudit State	onderior [5]
	Curre	ent New	Effective
	Rat	e Rate	Date
Nursing Home Single Level	195.	199.15	7/1/2013
Rate Type :			
X Interim	Pros	pective	
X Total Interim		Total Prospective	
Interim Component			sted for New Costs
Settlement based on costs		Total Prospective	with Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
X Budget	Lic	ensure Rating Change	
Unaudited costs		ual and Customary Limi	tation
Field audited costs		get Rate limitation char	
Field audit - interim portion	FR	VS Change	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		te Semester Change FRV [2] as of 08/11/19	94
<u>Distribution:</u>		Thomas Parke	
Contract Management / Fiscal Agent	Medicai	d Cost Reimbursement	
Permanent File	Wiedletti		-
For information Only		ZL-D	0
No Change in Rate			
Home Office: 1 - No Home Office			



San Jose Health and Rehabilitation Center		Provider Number:	0 061102-00
9355 San Jose Boulevard		Date:	7/24/2013
Jacksonville FL 32257		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 197.39	New Rate 200.88	Effective Date 7/1/2013
Rate Type: X Interim	Prospective	2	
X Total Interim		Γotal Prospective	
Interim Component		Prospective Adjusted to	
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
X Budget	Licensure	Rating Change	
Unaudited costs		Customary Limitatio	on
Field audited costs	FRVS Ch	ate limitation change	
Field audit - interim portion Desk audited costs	- FRVS CI	lange	
Desk audited costs Desk audit - Interim Portion	X Rate Sem	ester Change	
Desk Audit - Prospective portion		[2] as of 12/01/2001	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plans	ning and Finance
Permanent File			
For information Only	Z	L-20	>
No Change in Rate			eac onti
Home Office: 1 - No Home Office			



SeaView Nursing and Rehab. Center		Provider Number:	0 061107-00
2401 NE 2nd Street		Date:	7/24/2013
Pompano Beach FL 33062		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		Tadit Status.	emanana [e]
J.F.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	203.94	207.53	7/1/2013
Rate Type :			
X Interim	Prospecti		
Total Interim Interim Component		Total Prospective Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
XBudget		re Rating Change	
Unaudited costs Field audited costs		nd Customary Limitation Rate limitation change	on
	FRVS C	=	
Field audit - interim portion Desk audited costs		mange	
Desk audit - Interim Portion	X Rate Ser	nester Change	
Desk Audit - Prospective portion		[2] as of 10/01/1985	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File		0 70049 00 00	
For information Only	2	L De	2
No Change in Rate	-		
Home Office: 1 - No Home Office			



Vista Manor		Provider Number:	0 061109-00
1550 Jess Parrish Court		Date:	7/24/2013
Titusville FL 32796		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	201.35	204.87	7/1/2013
Rate Type :			
X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	I	e Fotal Prospective Prospective Adjusted to the control of the c	
		Rating Change	
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Target Ra FRVS Ch	Customary Limitation te limitation change lange ester Change	ii
Desk Audit - Prospective portion	On FRV [[2] as of 12/01/2001	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker Reimbursement Plant	
Home Office: 1 - No Home Office			



Lakeside Oaks Care Center	Provider Number:	0 061140-00
1061 Virginia Street	Date:	7/24/2013
Dunedin FL 34698	Fiscal Year End:	1/31/2013
	Audit Status:	Unaudited [3]
Provider Type:	Addit Status.	- Chadated [5]
	Current New	Effective
	Rate Rate	Date
Nursing Home Single Level	<u>217.05</u> <u>220.82</u>	7/1/2013
Rate Type :		
X Interim	Prospective	
X Total Interim	Total Prospective	
Interim Component	Prospective Adjusted	
Settlement based on costs	Total Prospective wi	th Interim Component
Prior Provider Prospective data		
Basis:	Changes:	
V D L	Licensure Rating Change	
X Budget Unaudited costs	Usual and Customary Limitat	ion
Field audited costs	Target Rate limitation change	
Field audit - interim portion	FRVS Change	
Desk audited costs		
Desk audit - Interim Portion	X Rate Semester Change	
Desk Audit - Prospective portion	On FRV [2] as of 01/01/1989	
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Pla	nning and Finance
Permanent File For information Only	7	22
No Change in Rate	ZL-DL	_
Home Office: 1 - No Home Office		



Whitehall Boca Raton		Provider Number:	0 071884-00
7300 Del Prado Circle South		Date:	7/24/2013
Boca Raton FL 33433		Fiscal Year End:	12/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Currer Rate 227.5	nt New Rate	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Prosp	ective Total Prospective Prospective Adjusted Total Prospective witl	
Basis:	Changes:		
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usua Targ FRV X Rate	nsure Rating Change al and Customary Limitation et Rate limitation change 'S Change Semester Change FRV [2] as of 12/01/2009	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid	Cost Reimbursement Plan	_
Home Office: Vanguard Healthcare, LLC 6 Cadillac Drive Brentwood TN 37027			



South Campus Rehabilitation & Nursing Center		Provider Number:	0 072048-00
715 East Dixie Avenue		Date:	7/24/2013
Leesburg FL 32748		Fiscal Year End:	12/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 223.23	New Rate 228.90	Effective Date 7/1/2013
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Prospectiv	ve Total Prospective Prospective Adjusted : Total Prospective with	
Basis:	Changes:		
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 09/01/1989	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	_
Home Office: 1 - No Home Office			



The Club Health and Rehab Center at the Villages		Provider Number:	0 072320-00
16529 SE 86th Belle Meade Circle		Date:	7/24/2013
The Villages Fl 32162		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 204.79	New Rate 210.07	Effective Date 7/1/2013
Rate Type: X Interim	Prospectiv		
X Total Interim		Total Prospective	for New Costs
Interim Component Settlement based on costs		Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data		Total Prospective with	i interim Component
Basis: X Budget Unaudited costs Field audited costs Field audit - interim portion	Usual and	e Rating Change d Customary Limitatio ate limitation change hange	on
Desk audited costs Desk audit - Interim Portion	X Rate Sem	nester Change	
Desk Audit - Prospective portion		[2] as of 07/13/2012	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L-DE	-
Home Office: Greystone Healthcare Manage	ement, LLC		
4042 Park Oaks Blvd, Suite 30 Tampa FL 33610	0		



Braden River Rehabilitation Center, LLC		Provider Number:	0 073324-00
2010 Manatee Avenue E	<u> </u>	Date:	7/24/2013
Bradenton FL 34208		Fiscal Year End:	12/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curre Rat 217.	e Rate	Effective
Rate Type :			
X Interim X Total Interim	Pros	pective Total Prospective	
Interim Component	_	Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data		Total Prospective wit	h Interim Component
Basis:	Changes:		
V D L	Lie	ensure Rating Change	
X Budget Unaudited costs		ual and Customary Limitati	on
Field audited costs		get Rate limitation change	
Field audit - interim portion	FR	VS Change	
Desk audited costs		a at	
Desk audit - Interim Portion Desk Audit - Prospective portion		te Semester Change FRV [2] as of 08/01/1994	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	76.11		. 15
Permanent File	Medicai	d Cost Reimbursement Plan	ining and Finance
For information Only		2020	2
No Change in Rate		a de	
Home Office: Southern HealthCare Ma	anagement, LLC		
R. Mark Cronquist	-		
5887 Glenridge Drive, St	uite 150		
Atlanta GA 30328			



Bon Secours Maria Manor		Provider Number:	0 200107-00
10300 4th Street North		Date:	7/24/2013
St. Petersburg FL 33716		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curren Rate 224.8	t New Rate	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	X Prospe		
Prior Provider Prospective of Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usua Targe FRV X Rate	nsure Rating Change I and Customary Limitatio et Rate limitation change S Change Semester Change RV [2] as of 10/01/1985	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid	Cost Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL DL	_
Home Office: Bon Secours Healt Keith Braganza 1505 Marriottsville Marriottsville MD 2	Road		



Westminster Oaks				Provider Number:	0 200409-00
4449 Meandering Way				Date:	7/24/2013
Tallahassee FL 32308				Fiscal Year End:	3/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 188.10	New Rate 192.52	Effective Date 7/1/2013
Settlen Prior P	nterim n Component nent based on costs rovider Prospective data	<u>X</u>	Prospectiv X	re Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Inter Desk Audit - Pros	rim portion ss im Portion	Changes:	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/21/1988	on
Distribution:				Thomas Parker	
Contract Management Permanent File For information No Change in R	Only	Me		t Reimbursement Plan	
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801				



Floridean Nursing & Rehab		Provider Number:	0 200425-00
47 NW 32nd Place		Date:	7/24/2013
Miami FL 33125		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 237.95	New Rate 244.74	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component		e Total Prospective Prospective Adjusted t	for New Costs
Settlement based on costs Prior Provider Prospective data Basis:	Changes:	Total Prospective with	Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 04/01/1997	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	-
Home Office: 1 - No Home Office			



Miami Jewish Health Systems		Provider Number:	0 200506-00
5200 N.E. 2nd Avenue		Date:	7/24/2013
Miami FL 33137		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 229.15	New Rate 233.74	Effective Date 7/1/2013
Rate Type: Interim	X Prospectiv	/A	
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 audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs	P	CI.	
Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Sen	nester Change	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			
For information Only	2	L-DE	>
No Change in Rate			
Home Office: 1 - No Home Office			



Pines Nursing Home		Provider Number:	0 200620-00
301 NE 141st Street North		Date:	7/24/2013
North Miami Beach FL 33161		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	enadated [5]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	251.05	258.57	7/1/2013
Rate Type :			
Interim	X Prospectiv	e	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Pudget	Licensur	e Rating Change	
Budget X Unaudited costs		d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion		nester Change [2] as of 10/01/1985	
Desk Audit - Prospective portion Distribution:	Oll FRV		
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only		, 1 00	2
No Change in Rate	2	L De	
Home Office: 1 - No Home Office			



All Saints Catholic Nursing Home & R.C. Inc.	Provider Number: 0 200735-00
5888 Blanding Boulevard	Date: 7/24/2013
Jacksonville FL 32244	Fiscal Year End: 12/31/2012
	Audit Status: Unaudited [3]
Provider Type:	Current New Effective Rate Rate Date
Nursing Home Single Level	216.49 220.47 7/1/2013
Rate Type:	X Prospective
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	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 10/01/1985
<u>Distribution:</u>	Thomas Parker
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z.L.Z.L.
Home Office: 1 - No Home Office	



River Garden Hebrew Home		Provider Number:	0 200859-00
11401 Old St. Augustine Rd.		Date:	7/24/2013
Jacksonville FL 32258		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 233.05	New Rate 238.93	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on costs	1	e Fotal Prospective Prospective Adjusted to Fotal Prospective with	
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	Rating Change Customary Limitation the limitation change hange ester Change Call as of 10/01/1985	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker Reimbursement Plans	
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:	7/24/2013
Jacksonville Beach FL 32250-3369		Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 219.22	New Rate	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	I	e Fotal Prospective Prospective Adjusted fotal Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 07/01/1989	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		l-De	
Home Office: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 5 Hollywood FL 33021-6744	540-N		



COMPREHENSIVE HEALTHCARE OF CLEARWAT		Provider Number:	0 200956-00
2055 PALMETTO STREET		Date:	7/24/2013
Clearwater FL 34625		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 240.08	New Rate 235.62	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		ve Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 02/01/1996	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	
Home Office: Lyric Health Care Timothy J Trybus 7150 Columbia Gateway Drive Columbia MD 21046	Suite J		



V7.016.1.2:HDY8M

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

Memorial Manor Nursing Ho	ome			Provider Number:	0 201006-00
777 S. Douglas Road				Date:	7/24/2013
Pembroke Pines FL 33025	_			Fiscal Year End:	4/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	gle Level		Current Rate 222.30	New Rate 227.31	Effective Date 7/1/2013
	nterim Component ent based on costs	X		re Total Prospective Prospective Adjusted t Total Prospective with	
Prior Pr Basis:	rovider Prospective data	Changes:]		
Budget X Unaudited costs Field audited cost Field audit - interi Desk audited costs Desk Audit - Interi Desk Audit - Pros	im portion s m Portion	x	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/14/1989	n
Distribution:				Thomas Parker	
Contract Management	Fiscal Agent	Me	dicaid Cos	t Reimbursement Plans	ning and Finance
Permanent FileFor information (No Change in Ra	•			LDE	
Home Office:	Memorial Healthcare System James Ziebarth, Dir. Reimburs. 3501 Johnson Street Hollywood FL 33021				



Gulf Coast Village Care Center	Provider Number: 0 201120-00
1333 Santa Barbara Blvd.	Date: 7/24/2013
Cape Coral FL 33991	Fiscal Year End: 12/31/2011
	Audit Status: Unaudited [3]
Provider Type:	
• •	Current New Effective
N . W	Rate Rate Date
Nursing Home Single Level	<u>219.02</u> <u>224.06</u> <u>7/1/2013</u>
Rate Type: Interim Total Interim	X ProspectiveX 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 X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 08/28/1989
Distribution:	Thomas Parker
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent FileFor information OnlyNo Change in Rate	ZL-ZL
Home Office: 1 - No Home Office	



Hobe Sound Geriatric Village, Inc.		Provider Number:	0 201545-00
9555 SE Federal Highway		Date:	7/24/2013
Hobe Sound FL 33455		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		110010 2000031	
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	209.62	221.63	7/1/2013
Rate Type: Interim	X Prospectiv		
Total Interim		Total Prospective Prospective Adjusted:	for Novy Coata
Interim Component Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		Total Prospective with	i intermi component
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs	Usual and	d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion		[2] as of 10/01/1985	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		-	
For information Only	Z	L-20	>
No Change in Rate			
Home Office: 1 - No Home Office			



The Gardens at DePugh Nursing Center	Provider Number:	0 201588-00
559 West Morse Blvd	Date:	7/24/2013
Winter Park FL 32789	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited [3]
Provider Type:	Audit Status.	Chaudited [5]
	Current New	Effective
	Rate Rate	Date
Nursing Home Single Level	206.00 212.38	7/1/2013
Rate Type: Interim Total Interim Interim Component	X Prospective X Total Prospective Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data Basis:	Total Prospective with	n Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	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	on
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	21-20	
Home Office: 1 - No Home Office		



Guardian Care Nursing & Rehabilitation Center		Provider Number:	0 201651-00
2500 West Church Street		Date:	7/24/2013
Orlando FL 32805		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 228.44	New Rate 233.24	Effective Date 7/1/2013
Rate Type :			
Interim	X Prospectiv	e	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted to	
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 audited costs		ate limitation change	
Field audit - interim portion	FRVS Cl	nange	
Desk audited costs Desk audit - Interim Portion	X Rate Sem	aceton Change	
Desk Audit - Prospective portion		lester Change [2] as of 10/01/1985	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Madiacid Cost		ning and Einanga
Permanent File	Medicald Cost	Reimbursement Plan	ining and Pindhee
For information Only	7	L DE	>
No Change in Rate	2	- all	
Home Office: 1 - No Home Office			
Home Office: 1 - No Home Office			



Westchester Gardens Rehabilitation & Care Center		Provider Number:	0 202011-00
3301 McMullen Booth Road		Date:	7/24/2013
Clearwater FL 33761		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Currer Rate 228.7	nt New Rate	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prosp		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usua Targ FRV X Rate	nsure Rating Change al and Customary Limitation et Rate limitation change 'S Change Semester Change FRV [2] as of 09/01/1989	on
<u>Distribution:</u>		771 D 1	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid	Thomas Parker Cost Reimbursement Plan	_
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:	7/24/2013
Bartow FL 33830		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status:	Unaudited [3]
Trovider Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	241.31	247.50	7/1/2013
Rate Type :			
Interim	X Prospectiv	re	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		1	1
	Chaman		
Basis:	Changes:		
	Licensur	e Rating Change	
Budget X Unaudited costs			
Field audited costs		d Customary Limitatio ate limitation change	111
Field audit - interim portion	FRVS C	=	
Desk audited costs		nunge	
Desk audited costs Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion		[2] as of 01/01/1989	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	M 11 11 C		' 15'
Permanent File	Medicaid Cos	t Reimbursement Plan	ning and rinance
For information Only	in the second	11-00	,
No Change in Rate	2	L-20	
Home Office: 1 - No Home Office			



SAMANTHA R. WILSON AT BAYVIEW		Provider Number:	0 202606-00
161 Marine Street		Date:	7/24/2013
St. Augustine FL 32084		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:		Taudat Status	
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	221.92	<u>227.28</u>	7/1/2013
Rate Type:Interim	X Prospectiv		
Total Interim Interim Component		Total Prospective Prospective Adjusted:	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		Town Trospective with	· ····································
Basis:	Changes:		
Budget	Licensure	e Rating Change	
X Unaudited costs	Usual and	d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS CI	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Sem	nester Change	
Desk Audit - Prospective portion		[2] as of 10/01/1985	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			9
For information Only	2	L-DE	>
No Change in Rate			
Home Office: 1 - No Home Office			



Pines of Sarasota		Provider Number:	0 202703-00
1501 North Orange Avenue		Date:	7/24/2013
Sarasota FL 34236		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	251.29	257.20	7/1/2013
Rate Type:			
Interim Total Interim	Y Prospectiv		
Interim Component		Total Prospective Prospective Adjusted to	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		r	1
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs	Usual an	d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion		[2] as of 10/01/1985	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			
For information Only	2	L-DE	>
No Change in Rate			
Home Office: 1 - No Home Office			



SUNNYSIDE NURSING HOME		Provider Number:	0 202711-00
5201 BAHIA VISTA ST		Date:	7/24/2013
Sarasota FL 34232		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 260.83	New Rate 266.26	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change I Customary Limitation the limitation change hange lester Change [2] as of 10/01/1985	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Reimbursement Plans	
Mo Change in Rate Home Office: Sunnyside Properties Of Sarasota Roy Sharp 5201 Bahia Vista Street Sarasota FL 34232			



Center for Health Care of The Alliance Community		Provider Number:	0 202789-00
130 West Armstrong Avenue		Date:	7/24/2013
Deland FL 32720		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tudit Status.	Changing [c]
••	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	181.45	185.39	7/1/2013
Rate Type: Interim Total Interim	X Prospectiv	re 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 X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: 1 - No Home Office			



MIRACLE HILL NURSING AND REHABILITATION		Provider Number:	0 202941-00
1329 ABRAHAM STREET		Date:	7/24/2013
Tallahassee FL 32304		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 197.78	New Rate 211.19	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: 1 - No Home Office			



Avante at Leesburg		Provider Number:	0 203122-00
2000 Edgewood Avenue		Date:	7/24/2013
Leesburg FL 34748		Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 225.37	New Rate 230.89	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	<u> </u>	re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/1991	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	
Home Office: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	540-N		



Villa Maria Nursing & Reha	bilitation			Provider Number:	0 203165-00
1050 NE 125th St				Date:	7/24/2013
North Miami FL 33161				Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	gle Level	_	Current Rate 246.26	New Rate 252.45	Effective Date 7/1/2013
	nterim Component ent based on costs	X		re Total Prospective Prospective Adjusted to	
Prior	rovider Prospective data	Changes:			
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk Audit - Interi Desk Audit - Pros	im portion s m Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 07/01/2010	on
Distribution:				Thomas Parker	
Contract Management Permanent File	Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in R			Z	120	· —
Home Office:	Catholic Health Services Mary Jo Frick 4790 N. State Road 7 Lauderdale Lakes FL 33319				



Glades Health Care Center		Provider Number:	0 203203-00
230 S. Barfield Highway		Date:	7/24/2013
Pahokee FL 33476		Fiscal Year End:	2/28/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 229.66	New Rate 235.56	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	nester Change	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cos	Thomas Parker t Reimbursement Plant	
Home Office: Council on Aging of Florida, In 1311 SW 16th Street Gainesville FL 32608	nc.		



Avante at Inverness		Provider Number:	0 203220-00
304 South Citrus Avenue		Date:	7/24/2013
Inverness FL 34452-4753		Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	Character [5]
	Current	New	Effective
Nursing Home Single Level	Rate	Rate	Date 7/1/2013
Nursing Home Single Level		219.46	7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/1991	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		120	
Home Office: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 54 Hollywood FL 33021-6744	90-N		



Avante at Lake Worth		Provider Number:	0 203238-00
2501 North A Street		Date:	7/24/2013
Lake Worth FL 33460		Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 244.39	New Rate 250.84	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/1991	n
Distribution:			
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plans	
Home Office: Janan Mitchell 4000 Hollywood Blvd, Suite 540 Hollywood FL 33021-6744)-N		



The Palace at Kendall Nursing	and Rehab Center			Provider Number:	0 203327-00
11215 SW 84th Street				Date:	7/24/2013
Miami FL 33173				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sing	le Level		Current Rate 224.73	New Rate 229.97	Effective Date 7/1/2013
Settlemen	erim Component nt based on costs vider Prospective data	<u> x</u>	Prospectiv X	re Total Prospective Prospective Adjusted to the Total Prospective with	
Basis:	-	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interin Desk audited costs Desk audit - Interin Desk Audit - Prospe	Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 03/18/1991	n
Distribution:				Thomas Parker	
Contract Management / I Permanent File For information O No Change in Rat	nly	Me		t Reimbursement Plan	
Tionic Office.	Professional Care I, Inc. Oscar Roiz 0850 SW 113th Place Miami FL 33176				



TimberRidge Nursing & Rehab Center		Provider Number:	0 203335-00
9848 SW 110th Street		Date:	7/24/2013
Ocala FL 34481		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 219.12	New Rate 226.11	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 03/01/1991	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only No Change in Rate	Z	L De	· —
Home Office: 1 - No Home Office			



Marianna Health & Rehabilitation	Provider Number:	0 203475-00
4295 5th Avenue	Date:	7/24/2013
Marianna FL 32446	Fiscal Year End:	9/30/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 208.74 209.35	Effective Date 7/1/2013
Rate Type :		
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective X 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 Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 01/01/1989	n
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Plans	
Home Office: 1 - No Home Office		



Manor at Carpenter's	Provider N	umber: 0 203599-00
1001 Carpenter's Way		Date: 7/24/2013
Lakeland FL 33809	Fiscal Yea	r End: 12/31/2011
		Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current New Rate Rate 212.74 217.4	Effective Date
Rate Type :		
Interim	X Prospective	
Total Interim	X Total Prospec	
Interim Component Settlement based on costs		Adjusted for New Costs ctive with Interim Component
Prior Provider Prospective data	Total Flospec	cuve with internit Component
Basis:	Changes:	
Duois.	Changes	
Budget	Licensure Rating Char	nge
X Unaudited costs	Usual and Customary	Limitation
Field audited costs	Target Rate limitation	change
Field audit - interim portion	FRVS Change	
Desk audited costs		
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semester Change On FRV [2] as of 06/0	
Distribution:	Thomas F	
Contract Management / Fiscal Agent		
Permanent File	Medicaid Cost Reimbursen	nent Planning and Finance
For information Only	-11-	20
No Change in Rate	26-2	2C
Home Office: 1 - No Home Office		



Perdue Medical Center		Provider Number:	0 203670-00
19590 Old Cutler Road		Date:	7/24/2013
Miami FL 33157		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status:	Unaudited [3]
Trovider Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	227.66	231.64	7/1/2013
Rate Type :			
Interim	X Prospectiv	vo.	
Total Interim	X Prospectiv	Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes		
Dasis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitation	ın
Field audited costs		tate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion	X Rate Ser	nester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 10/01/1985	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File			-
For information Only	7	L DE	>
No Change in Rate		- EL	
Home Office: 1 - No Home Office			
Tiome Office.			



John Knox Village Of Florida		Provider Number:	0 203769-00
651 S.W. 6TH STREET		Date:	7/24/2013
Pompano Beach FL 33060		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	213.18	218.59	7/1/2013
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/01/1989	vn
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only No Change in Rate	Z	120	<u> </u>
Home Office: 1 - No Home Office			



Westminster Asbury Towers				Provider Number:	0 203815-00
1533 4th Avenue West				Date:	7/24/2013
Bradenton FL 34205				Fiscal Year End:	3/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single	Level		Current Rate 197.00	New Rate 202.12	Effective Date 7/1/2013
		X		re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim po Desk audited costs Desk audit - Interim Po Desk Audit - Prospecti	ortion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/01/1991	on
Distribution:				Thomas Parker	
Contract Management / Fisc Permanent FileFor information Only No Change in Rate	al Agent	Med		t Reimbursement Plan	
Home Office: We	stminster Services Vest Lucerne Circle ando FL 32801				



Oak Bluffs Health Center	Pro	ovider Number:	0 203823-00
420 Bay Avenue		Date:	7/24/2013
Clearwater FL 34616	Fi	iscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onaudica [5]
110 tuel 1, per	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	189.74	200.27	7/1/2013
Rate Type: Interim Total Interim Interim Component		l Prospective pective Adjusted 1	for New Costs
Settlement based on costs			Interim Component
Prior Provider Prospective data		1	1
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Target Rate li FRVS Chang X Rate Semester	stomary Limitatio mitation change e	n
Distribution:	T	homas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Rei	mbursement Plani	ning and Finance
Permanent File For information Only No Change in Rate	26	220	·
Home Office: 1 - No Home Office			



Lisenby on Lake Caroline		Provider Number:	0 203980-00
1400 West Eleventh Street		Date:	7/24/2013
Panama City FL 32401		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onaudica [5]
1101.del 1, per	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	166.46	<u>170.01</u>	7/1/2013
Rate Type :			
Interim	X Prospectiv	<i>i</i> e	
Total Interim		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 Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 10/08/1991	
Distribution:	On Ticy		
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only		11-00	>
No Change in Rate	2	L-DE	
Home Office: 1 - No Home Office			
Home Office: 1 - No Home Office			



Mease Continuing Care		Provider Number:	0 204072-00
910 New York Avenue		Date:	7/24/2013
Dunedin FL 34698		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onaudited [5]
110 Addit 1, per	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	210.69	214.40	7/1/2013
Rate Type :			
Interim	X Prospectiv	7 <u>0</u>	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs	Usual an	d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion		[2] as of 01/07/1992	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File			-
For information Only	7	L-DE	>
No Change in Rate	2_	- EL	
Home Office: 1 - No Home Office			



Jackson Memorial Long Term Care Center		Provider Number:	0 204161-00
2500 NW 22nd Avenue		Date:	7/24/2013
Miami FL 33142		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 223.82	New Rate 228.68	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	_
Home Office: Public Health Trust of Dade C Eric Rodriguez 1611 N.W. 12th Avenue Miami FL 33136	County		



Regents Park Of Boca Raton		Provider Number:	0 204170-00
6363 Verde Trail		Date:	7/24/2013
Boca Raton FL 33433		Fiscal Year End:	2/28/2013
		Audit Status:	Unaudited [3]
Provider Type:		110010 2000000	e manastra (e j
J.F.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	242.06	249.04	7/1/2013
Rate Type:	X Prospectiv		
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		-	-
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs	Usual and	d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Sen	actor Change	
Desk Audit - Prospective portion		nester Change [2] as of 08/01/1994	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			-
For information Only	2	L-DE	>
No Change in Rate	-30	~~	
Home Office: 1 - No Home Office			



V7.016.1.2:HDY8M

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

Olds Hall Good Samaritan				Provider Number:	0 204391-00
327 Orange Avenue				Date:	7/24/2013
Daytona Beach FL 32114				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single	Level		Current Rate 224.98	New Rate 230.94	Effective Date 7/1/2013
Rate Type :		X	Prospectiv	re	
Total Interin	n		_	Total Prospective	
Interim Com	iponent			Prospective Adjusted	for New Costs
Settlement b	ased on costs			Total Prospective with	Interim Component
Prior Provide	er Prospective data				
Basis:		Changes:			
Budget			Licensur	e Rating Change	
X Unaudited costs				d Customary Limitatio	on
Field audited costs			_	ate limitation change	
Field audit - interim po	ortion		FRVS C	hange	
Desk audited costs Desk audit - Interim Po	ortion	X	Data Sam	pastor Changa	
Desk Audit - Prospectiv				nester Change [2] as of 10/01/1985	
<u>Distribution:</u>				Thomas Parker	
Contract Management / Fisc	al Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
For information Only			7	L-20	>
No Change in Rate			_		
Kim 4800	ingelical Lutheran Good Sai Kouri O West 57th Street Ix Falls SD 57117	maritan			



TAYLOR HOME FOR THE AGED, INC.		Provider Number:	0 204536-00
3937 Spring Park Road		Date:	7/24/2013
Jacksonville FL 32207		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 214.16	New Rate 189.71	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/1985	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	120	· —
Home Office: Taylor Foundation Services, Ingames T. Price 6601 Chester Avenue Jacksonville FL 32217	3.		



Tri-County Nursing Home		Provider Number:	0 204625-00
7280 S.W. SR 26		Date:	7/24/2013
Trenton FL 32693		Fiscal Year End:	6/30/2012
		Audit Status:	
Provider Type:		Audit Status:	Unaudited [3]
Trovider Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	198.56	199.16	7/1/2013
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:		
Budget	Licensur	e Rating Change	
Unaudited costs		d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Sen	actor Change	
Desk Audit - Prospective portion		nester Change [2] as of 05/18/1992	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			-
For information Only	7	L-DE	>
No Change in Rate	2_	ELE	
Home Office: 1 - No Home Office			
Tiome Office.			



V7.016.1.2:HDY8M

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

St. Catherine Laboure Manor		Provider Number:	0 205150-00
1750 Stockton Street		Date:	7/24/2013
Jacksonville FL 32204		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 220.68	New Rate 221.55	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs		re Total Prospective Prospective Adjusted f Total Prospective with	
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/01/1993	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plans	
Home Office: St. Vincent Health System Mike Duclos 1 Shircliff Way Jacksonville FL 32204			



V7.016.1.2:HDY8M

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

KISSIMMEE GOOD SAMA	ARITAN			Provider Number:	0 205303-00
1550 Aldersgate Drive				Date:	7/24/2013
Kissimmee FL 34746				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	<u>-</u>	Current Rate 204.14	New Rate 209.49	Effective Date 7/1/2013
Settlem	nterim n Component nent based on costs rovider Prospective data	X		re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:		Changes	•		
Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Inter Desk Audit - Pros	im portion s im Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985	n
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in R				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:	7/24/2013
Lake Worth FL 33461		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 234.24	New Rate 238.95	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	X Prospectiv	re Total Prospective Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Sen	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only No Change in Rate	Z	l De	· —
Home Office: 1 - No Home Office			



Health Center at Abbey Delray				Provider Number:	0 205745-00
2000 Lawson Blvd.				Date:	7/24/2013
Delray Beach FL 33445				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				ruur Status.	Chadaled [5]
			urrent	New	Effective
Numeina Hama — Single Lev	1		Rate	Rate	Date
Nursing Home Single Lev	'el		234.99		7/1/2013
Rate Type: Interim Total Interim Compon Settlement based Prior Provider Pr	on costs	XI		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective po	n		Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 07/01/1988	on
Distribution:				Thomas Parker	
Contract Management / Fiscal A	gent	Med	icaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate				L DE	
100 East	Grand Ave. nes IA 50309				



The Commons at Orlando Lutheran Towers		Provider Number:	0 205796-00
300 East Church Street		Date:	7/24/2013
Orlando FL 32801		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	emanana [e]
-J.P.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	199.93	200.10	7/1/2013
Rate Type: Interim	X Prospectiv		
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted to	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensure	e Rating Change	
X Unaudited costs	Usual and	d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS CI	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Sem	nester Change	
Desk Audit - Prospective portion		[2] as of 10/01/1985	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			9
For information Only	2	L-20	>
No Change in Rate			
Home Office: 1 - No Home Office			



St John's Nursing Home				Provider Number:	0 205800-00
3075 NW 35th Avenue				Date:	7/24/2013
Lauderdale Lakes FL 33311				Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sing	gle Level	<u>-</u>	Current Rate 245.66	New Rate 243.96	Effective Date 7/1/2013
Settleme Prior Pro	terim Component ent based on costs ovider Prospective data	X	Prospectiv X	re Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interior Desk audited costs Desk audit - Interior Desk Audit - Prosp	m portion m Portion	Changes	Licensur Usual an Target R FRVS C	nester Change	on
	Only te Catholic Health Services Mary Jo Frick 4790 N. State Road 7	Mo		Thomas Parker t Reimbursement Plan	_
	Lauderdale Lakes FL 33319				



Lourdes-Noreen McKeen Residence		Provider Number:	0 205923-00
315 South Flagler Drive		Date:	7/24/2013
West Palm Beach FL 33401		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	- Chadated [5]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	246.84	255.04	7/1/2013
Rate Type :			
Interim	X Prospective		
Total Interim		Total Prospective	
Interim Component Settlement based on costs		Prospective Adjusted : Total Prospective with	
Prior Provider Prospective data		Total Flospective with	i iliterini Component
	Classica		
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 04/01/1993	
<u>Distribution:</u>	om i i	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			-
For information Only	7	L-20	>
No Change in Rate	2_		
Home Office: 1 - No Home Office			
. 5			



Suwannee Valley Nursing Center		Provider Number:	0 206300-00
427 NW 15th Ave.		Date:	7/24/2013
Jasper FL 32052		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	225.48	232.52	7/1/2013
Rate Type:	X Prospectiv	e	
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 Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	nange	
Desk audited costs Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion		[2] as of 10/01/1985	
<u>Distribution:</u>	L	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		S 7/2 4 / * 82 - 62	90
For information Only	2	L-20	>
No Change in Rate			
Home Office: 1 - No Home Office			



V7.016.1.2:HDY8M

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

Morton Plant Rehabilitation Cen	ter			Provider Number:	0 206431-00
400 Corbett Street				Date:	7/24/2013
Clearwater FL 33756				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single	Level		Current Rate 227.80	New Rate 233.30	Effective Date 7/1/2013
		X		re Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim p Desk audited costs Desk audit - Interim P Desk Audit - Prospect	ortion	Changes:	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
163		Med		Thomas Parker t Reimbursement Plant	



Saint Andrews Estates North		Provider Number:	0 206521-00
6152 North Verde Trail		Date:	7/24/2013
Boca Raton FL 33433		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 227.32	New Rate 231.90	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	1	e Fotal Prospective Prospective Adjusted to Fotal Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change I Customary Limitation ate limitation change nange ester Change [2] as of 10/01/1985	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information Only No Change in Rate		Reimbursement Plan	_
Home Office: Acts, Inc Karen Beasley 375 Morris Road West Point PA 19486			



The Waterford		Provider Number:	0 206610-00
601 Universe Blvd.		Date:	7/24/2013
Juno Beach FL 33408		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 244.47	New Rate 251.41	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	1	e Fotal Prospective Prospective Adjusted to Fotal Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	Rating Change I Customary Limitation the limitation change hange ester Change [2] as of 01/01/1986	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Life Care Retirement Comm.,In John Kaduce 200 East Grand Avenue Des Moines IA 50309-1800	Z	Thomas Parker Reimbursement Plant	-



V7.016.1.2:HDY8M

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

Abbey Delray South		Provider Number:	0 206865-00
1717 Homewood Blvd.		Date:	7/24/2013
Delray Beach FL 33445		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 252.46	New Rate	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 04/01/1986	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: LifeSpace Communities, Inc. 100 East Grand Ave. Des Moines IA 50309		Thomas Parker t Reimbursement Plant	_



Joseph L. Morse Geriatric Center, Inc	Provider Number:	0 207381-00
4847 FRED GLADSTONE DRIVE	Date:	7/24/2013
West Palm Beach FL 33417	Fiscal Year End:	5/31/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 228.21 232.85	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	X Prospective X Total Prospective Prospective Adjusted Total Prospective with	
Prior Provider Prospective data Basis:	Changes:	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change	on
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	21-20	_
Home Office: 1 - No Home Office		



TAYLOR CARE CENTER, INC.		Provider Number:	0 207446-00
6635 CHESTER AVE.		Date:	7/24/2013
Jacksonville FL 32217		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 222.18	New Rate 228.45	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/01/2004	n
<u>Distribution:</u>			
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Z	Thomas Parker t Reimbursement Plans	
Home Office: Taylor Foundation Services, Inc James T. Price 6601 Chester Avenue Jacksonville FL 32217			



V7.016.1.2:HDY8M

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

Sunrise Health & Rehabilita	tion Center			Provider Number:	0 207497-00
4800 Nob Hill Road				Date:	7/24/2013
Sunrise FL 33351				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sir	ngle Level	_	Current Rate 234.27	New Rate 240.03	Effective Date 7/1/2013
Settlem	nterim Component nent based on costs rovider Prospective data	X	Prospectiv X	re Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Inter Desk Audit - Pros	im portion s im Portion	Changes:	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/1985	n
Distribution: Contract Management Permanent File For information No Change in R Home Office:	Only	Me		Thomas Parker t Reimbursement Plan	



AUBURNDALE OAKS HEALTHCARE CENTER		Provider Number:	0 207527-00
919 Old Winter Haven Road		Date:	7/24/2013
Auburndale FL 33823		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 208.81	New Rate 203.42	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/1985	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only No Change in Rate	Z	l De	» —
Home Office: Lyric Health Care Timothy J Trybus 7150 Columbia Gateway Driv Columbia MD 21046	e Suite J		



Lakeside Health Center		Provider Number:	0 207683-00
2501 Australian Avenue		Date:	7/24/2013 7/31/2012
West Palm Beach FL 33407		Fiscal Year End:	
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	- Chaudited [5]
1101.del 1, per	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	222.20	224.52	7/1/2013
Rate Type :			
Interim	X Prospectiv	re	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data		Total Prospective with	Interim Component
Basis:	Changes:		
	Licansur	e Rating Change	
Budget X Unaudited costs		d Customary Limitatio	ın
Field audited costs		ate limitation change	11
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 10/01/1985	
Distribution:	OllTRV	<u> </u>	
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cos	t Reimbursement Plans	ning and Finance
For information Only	ومدر	17-00	2
No Change in Rate	2	L DE	
Home Office: Life Care Centers Of America			
Doug Ruth 3570 NW Keith Street			
Cleveland TN 37320			



The Ponce Therapy Care Center		Provider Number:	0 207799-00
1999 Old Moultrie Road		Date:	7/24/2013
St. Augustine FL 32806		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curren Rate 234.2	t New Rate	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospe		
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usua Targe FRV X Rate	nsure Rating Change I and Customary Limitation et Rate limitation change S Change Semester Change RV [2] as of 03/01/2004	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid	Cost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL DE	
Home Office: HPSA, Inc. Eric Thomas 210 25th Ave North, Suite 508 Nashville TN 37203			



BERNARD L. SAMSON NURSING CENTER		Provider Number:	0 208442-00
255 59 STREET NORTH		Date:	7/24/2013
St. Petersburg FL 33710		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 238.37	New Rate 243.62	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R. FRVS C.	e Rating Change d Customary Limitatio ate limitation change hange nester Change	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	-
Home Office: 1 - No Home Office			



Jupiter Medical Center Pavilion, Inc.		Provider Number:	0 208485-00
1230 South Old Dixie Highway		Date:	7/24/2013
Jupiter FL 33458		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 225.35	New Rate 230.16	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospective X	ve Total Prospective Prospective Adjusted: Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target R FRVS C	re Rating Change ad Customary Limitation at limitation change thange mester Change [2] as of 10/01/1985	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	_
Home Office: 1 - No Home Office			



Claridge House Nursing & Rehabilitation Center		Provider Number:	0 208507-00
13900 NE 3rd Court		Date:	7/24/2013
North Miami FL 33161		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.26	New Rate 205.19	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/01/2002	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	_
Home Office: 1 - No Home Office			



Westminster Towers	_			Provider Number:	0 208540-00
70 West Lucerne Circle				Date:	7/24/2013
Orlando FL 32801	_			Fiscal Year End:	3/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	_	Current Rate 191.33	New Rate 196.37	Effective Date 7/1/2013
Interin Settlen	Interim In Component In Component In Costs Provider Prospective data	<u> </u>	Prospectiv X	Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	1	Changes:			
Budget X Unaudited costs Field audited cos Field audit - inter Desk audited cos Desk Audit - Inter Desk Audit - Prop	rim portion ts rim Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 12/01/1999	on
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor informationNo Change in R			Z	L DE	·
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801				



Baptist Manor		Provider Number:	0 208809-00
10095 Hillview Road		Date:	7/24/2013
Pensacola FL 32514		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 211.76	New Rate 212.11	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	X Prospectiv X	ve Total Prospective Prospective Adjusted to Total Prospective with	
Prior Provider Prospective Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Sen	re Rating Change and Customary Limitation ate limitation change thange mester Change [2] as of 02/01/2009	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	
Home Office: Baptist Health Ca Timothy M. Owen 1717 North E Stree Pensacola FL 3250			



Courtenay Springs Village		Provider Number:	0 209325-00
1100 S. Courtenay Parkway		Date:	7/24/2013
Merritt Island FL 32952		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 207.10	New Rate 215.66	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospect	tive Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual a Target FRVS X Rate Se	ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 12/01/1994	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	ost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		21-20	
Home Office: Retirement Housing Foundation Robin Padilla 911 N. Studebaker Rd Long Beach CA 90815-4900	ı		



Westminster Asbury Manor	Provider Number: 0 209422-00
1700 21st Avenue West	Date: 7/24/2013
Bradenton FL 34205	Fiscal Year End: 3/31/2012
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 202.64 208.41 7/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective de	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 03/11/1987
<u>Distribution:</u>	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Thomas Parker Medicaid Cost Reimbursement Planning and Finance
Home Office: Westminster Service 80 West Lucerne Cir. Orlando FL 32801	



St Anne's Nursing Center				Provider Number:	0 209473-00
11855 Quail Roost Drive				Date:	7/24/2013
Miami FL 33177				Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	gle Level	<u>-</u>	Current Rate 233.33	New Rate 237.81	Effective Date 7/1/2013
Settlem Prior Pr	nterim Component ent based on costs rovider Prospective data	X	Prospectiv X	re Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interi Desk audited costs Desk audit - Interi Desk Audit - Pros	m portion s m Portion	Changes	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change	on
Distribution: Contract Management / Permanent File For information O No Change in Ra Home Office:	Only	M		Thomas Parker t Reimbursement Plan	_
	Mary Jo Frick 4790 N. State Road 7 Lauderdale Lakes FL 33319				



Bishop's Glen Health Care (Center			Provider Number:	0 209511-00
900 LPGA Blvd				Date:	7/24/2013
Holly Hill FL 32117				Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 231.75	New Rate 236.20	Effective Date 7/1/2013
Settlen	nterim n Component nent based on costs rovider Prospective data	X		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited cos Field audit - inter Desk audited cost Desk Audit - Inter Desk Audit - Pros	rim portion s im Portion	X	Usual and Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 12/01/1987	on
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Med	licaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in R	-			L DE	_
Home Office:	Retirement Housing Foundation Robin Padilla 911 N. Studebaker Rd Long Beach CA 90815-4900				



Winter Park Towers		Provider Number:	0 209848-00
1111 South Lakemount Avenue ,M.S. #101	_	Date:	7/24/2013
Winter Park FL 32792	_	Fiscal Year End:	3/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	187.70	192.14	7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	I	e Fotal Prospective Prospective Adjusted to Fotal Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	Rating Change I Customary Limitation the limitation change hange ester Change [2] as of 10/01/1987	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Cost	Reimbursement Plans	ning and Finance
For information Only No Change in Rate	Z	120	<u> </u>
Home Office: Westminster Services 80 West Lucerne Circle Orlando FL 32801			



Sun Terrace Health Care Center	Provider N	Jumber: 0 209856-00
105 Trinity Lake Drive		Date: 7/24/2013
Sun City Center FL 33570	Fiscal Yea	ar End: 8/31/2011
		t Status: Unaudited [3]
Provider Type:	Tudio	onadated [5]
	Current New	Effective
	Rate Rate	
Nursing Home Single Level	217.71 223.6	59 7/1/2013
Rate Type: Interim Total Interim	X Prospective X Total Prospe	
Interim Component		Adjusted for New Costs
Settlement based on costs	Total Prospe	ctive with Interim Component
Prior Provider Prospective data		
Basis:	Changes:	
Budget	Licensure Rating Cha	nge
X Unaudited costs	Usual and Customary	
Field audited costs	Target Rate limitation	n change
Field audit - interim portion	FRVS Change	
Desk audited costs	D. C. C.	
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semester Change On FRV [2] as of 09/0	
<u>Distribution:</u>	Thomas 1	
Contract Management / Fiscal Agent	Medicaid Cost Reimburser	ment Planning and Finance
Permanent File		
For information Only	26-7	20
No Change in Rate		
Home Office: 1 - No Home Office		



V7.016.1.2:HDY8M

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

Life Care Center of Altamonte Sp	orings			Provider Number:	0 210137-00
989 Orienta Avenue				Date:	7/24/2013
Altamonte Springs FL 32701				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single	Level		Current Rate 208,21	New Rate 210.15	Effective Date 7/1/2013
		X1		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	27 Trospective data	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim po Desk audited costs Desk audit - Interim Po Desk Audit - Prospecti	ortion		Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/1985	n
Distribution:				Thomas Parker	
Contract Management / Fisc	al Agent	Med	licaid Cos	t Reimbursement Plans	ning and Finance
Permanent File For information Only No Change in Rate				LDE	
Dou 3570	e Care Centers Of America g Ruth O NW Keith Street reland TN 37320				



Covenant Village Center Center		Provider Number:	0 210188-00
9201 West Broward Blvd.		Date:	7/24/2013
Plantation FL 33324		Fiscal Year End:	1/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 232.38	New Rate 239.37	Effective Date 7/1/2013
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 03/15/1988	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plant	
Home Office: Covenant Retirement Commun Elizabeth Buikema 5700 Old Orchard Road Skokie IL 60077	nities		



John Knox Village Medical	l Center			Provider Number:	0 210285-00
4100 E. FLETCHER AVE	NUE			Date:	7/24/2013
Tampa FL 33613				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level		Current Rate 213.08	New Rate 217.72	Effective Date 7/1/2013
Interin Settler	Interim n Component ment based on costs Provider Prospective data	X	Prospectiv X	ve Total Prospective Prospective Adjusted: Total Prospective with	
Basis:		Changes	:		
Budget X Unaudited costs Field audited cost Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion sts rim Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 12/01/1987	on
Distribution:				Thomas Parker	
Contract Management Permanent File For information No Change in F	Only	Mo		t Reimbursement Plan	_
Home Office:	Baycare Health System 16331 Bay Vista Drive Clearwater Fl 33760				



Azalea Trace		Provider Number:	0 210374-00
10100 Hillview Road		Date:	7/24/2013
Pensacola FL 32504		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 211.55	New Rate 215.87	Effective Date 7/1/2013
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospectiv	ve 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	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 09/01/1988	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plant	
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:	7/24/2013
Venice FL 34285		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	- Chadated [5]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	249.39	251.31	7/1/2013
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:	Changes:		
Budget		e Rating Change	
X Unaudited costs		d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS CI	nange	
Desk audited costs Desk audit - Interim Portion	X Rate Sem	nester Change	
Desk Audit - Prospective portion		[2] as of 03/01/2009	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	t Reimbursement Plans	ning and Finance
Permanent File	Modicald Cos	remoursement ran	and I manec
For information Only	~~	120	>
No Change in Rate	2	- all	
Home Office: 1 - No Home Office			
Home Office.			



HealthPark Care Center		Provider Number:	0 210587-00
16131 Rose Rush Court		Date:	7/24/2013
Ft. Myers FL 33908		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 234.97	New Rate 238.21	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 12/18/1992	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Pate		t Reimbursement Plan	
No Change in Rate Home Office: Lee Memorial Health System 636 Del Prado Boulevard Cape Coral FL 33990	5282		



Miami Gardens Care Centre, Inc.		Provider Number:	0 210617-00
190 NE 191 Street		Date:	7/24/2013
North Miami FL 33170		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onaudited [5]
Trovider Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	249.01	260.24	7/1/2013
Rate Type :			
Interim	X Prospectiv	re	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs	X	Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	e Rating Change	
Unaudited costs		d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs		. CI	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 03/11/1992	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File	Wiedleald Cos	i Konnouischicht i lan	ming and I manee
For information Only	~~	L-20	>
No Change in Rate	_	- al	
Home Office: 1 - No Home Office			
Home Office.			
<u> </u>			



Avante at Boca Raton		Provider Number:	0 210676-00
1130 NORTHWEST 15TH STREET		Date:	7/24/2013
Boca Raton FL 33486		Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 240.28	New Rate 246.29	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitationate limitation change nange nester Change [2] as of 04/01/1993	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		120	
Home Office: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 54 Hollywood FL 33021-6744	40-N		



The Edgewater at Waterman Village		Provider Number:	0 210684-00
300 Brookfield Ave		Date:	7/24/2013
Mount Dora FL 32757		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	
3.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	222.82	226.07	7/1/2013
Rate Type :			
Interim	X Prospectiv	7P	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 05/03/1993	
Distribution:	O.H.T.R.V	Thomas Parker	
Contract Management / Fiscal Agent	M. F 1 C.		
Permanent File	Medicaid Cos	t Reimbursement Plan	ming and rinance
For information Only	-7	L-20	>
No Change in Rate	~	- all	
Home Office: 1 - No Home Office			
Home Office.			



Emory L. Bennett State Veterans' Nursing	Home		Provider Number:	0 210889-00
1920 Mason Avenue			Date:	7/24/2013
Daytona Beach FL 32117			Fiscal Year End:	6/30/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 227.96	New Rate 232.22	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on c	X_		re Total Prospective Prospective Adjusted : Total Prospective with	
Prior Provider Prospe	Change	es:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/19/1994	on
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent	-	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate			L DE	
Walter Gilchi	on Road, Room 332-I			



Sabal Palms Health Care	e Center			Provider Number:	0 210951-00
499 Alternate Keene Ro	ad			Date:	7/24/2013
Largo FL 33771-1652				Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	emadated [e]
		(Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level		193.50	197.51	7/1/2013
	Level U: Fragile Under 21	_	465.35	472.04	7/1/2013
Data Tarra					
Rate Type :					
Interim		<u>X</u>	Prospectiv		
	tal Interim			Total Prospective	
	erim Component			Prospective Adjusted to	
	tlement based on costs or Provider Prospective data			Total Prospective with	Interim Component
	or Frovider Frospective data		1		
Basis:		Changes:			
Dudget			Licensur	e Rating Change	
Budget X Unaudited cos	sts			d Customary Limitatio	n
Field audited				ate limitation change	
Field audit - i	interim portion	-	FRVS C	hange	
Desk audited	costs				
	nterim Portion Prospective portion	X		nester Change [2] as of 05/18/1990	
Distribution:	rospective portion		OHTIC		
Contract Managem	nent / Fiscal Agent			Thomas Parker	
Permanent File	<i>g</i>	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
For informat	ion Only		200	11-00	,
No Change	-		2	L-DE	
Home Office:	The Goodman Group, LLC				
	1107 Hazeltine Blvd				
	Chaska MN 55318				



Stratford Court at Boca Pointe			Provider Number:	0 211010-00
6343 Via Sonrisa De Sur			Date:	7/24/2013
Boca Raton FL 33433			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	- -	Current Rate 233.12	New Rate 238.54	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on or Prior Provider Prospe			re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Change	s:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 03/17/1994	on
Distribution:	-		Thomas Parker	
Contract Management / Fiscal Agent	<u> </u>	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate			L DE	_
Home Office: Sunrise Seni Tony Harris 7900 W. Parl McLean VA	Drive, STE T900			



W FRANK WELLS NURSING FACILITY		Provider Number:	0 211052-00
159 NORTH 3RD STREET		Date:	7/24/2013
Macclenny FL 32063		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 239.28	New Rate 244.45	Effective Date 7/1/2013
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		re Total Prospective Prospective Adjusted: Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/1985	on
<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			



Huntington Place Care & Rehabilitation Center	Provider Number: 0 211281-00
1775 Huntington Lane	Date: 7/24/2013
Rockledge FL 32955	Fiscal Year End: 7/31/2012
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 187.67 184.81 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 10/01/1985
<u>Distribution:</u>	Thomas Parker
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Planning and Finance
Home Office: Sun Healthcare Group, Reimbursement Departn 101 Sun Avenue NE Albuquerque NM 87109	ment



Hardee Manor Healthcare Center		Provider Number:	0 211435-00
401 Orange Place		Date:	7/24/2013
Wauchula FL 33873		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 194.52	New Rate 199.66	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data Basis:		e Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Usual and Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1989	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		t Reimbursement Plan	
Home Office: Advocat Inc. & Subsidiaries Walt McCullough 1621 Galleria Blvd Brentwood TN 37027			



LAUREL POINTE HEALTH AND REHABILITATIO		Provider Number:	0 211516-00
703 South 26th Street		Date:	7/24/2013
Ft. Pierce FL 34947		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tudit Status.	Chaudhea [c]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	211.66	202.01	7/1/2013
Rate Type :			
Interim	X Prospectiv	7A	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs	Usual an	d Customary Limitatio	n
Field audited costs	Target R	ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 05/01/1993	
Distribution:	OHTIC	Thomas Parker	
Contract Management / Fiscal Agent			' 15'
Permanent File	Medicaid Cos	t Reimbursement Plan	ming and rinance
For information Only	7	1000	>
No Change in Rate	2	L-DE	
Home Office: Lyric Health Care			
Timothy J Trybus			
7150 Columbia Gateway Drive	Suite J		
Columbia MD 21046			



		Date: Fiscal Year End: Audit Status:	7/24/2013 7/31/2012 Unaudited [3]
			•
		Audit Status:	Unaudited [3]
	_		
	Current Rate 210.15	New Rate 208.90	Effective Date 7/1/2013
	X	Total Prospective Prospective Adjusted	
ChangeX	Licensur Usual an Target R FRVS C	d Customary Limitation ate limitation change hange	on
America			_
	Change X	Changes: Licensur Usual an Target R FRVS C X Rate Sen On FRV Medicaid Cos	X ProspectiveX Total Prospective Prospective Adjusted a Total Prospective with a Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change Y Rate Semester Change On FRV [2] as of 11/15/1994 Thomas Parker Medicaid Cost Reimbursement Plant America



Plaza West			Provider Number:	0 211885-00
912 American Eagle Blvd			Date:	7/24/2013
Sun City Center FL 33573			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		209.79	215.51	7/1/2013
Rate Type: Interim	X	Prospectiv •		
Total Interim Interim Component			Total Prospective Prospective Adjusted to	for New Costs
Settlement based on costs			Total Prospective with	
Prior Provider Prospective data			Town Prospective with	(
Basis:	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange mester Change [2] as of 06/10/1994	n
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent	Med	dicaid Cos	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate			L DE	-
Home Office: Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214				



Lake Park of Madison		Provider Number:	0 211923-00
259 SW Captain Brown Road		Date:	7/24/2013
Madison FL 32340		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Chaudited [3]
Trovider Types	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	183.04	187.40	7/1/2013
Rate Type: Interim Total Interim	X Prospectiv	re 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 X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/25/1995	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Madicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DC	_
Home Office: CNH, LLC			
46 Third Street NW Hickory NC 28601			



Edward J Healey Rehabilitation and Nursing Center		Provider Number:	0 212032-00
1200 45th Street		Date:	7/24/2013
West Palm Beach FL 33401		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 229.59	New Rate 235.43	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospective X	ve Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target R FRVS C	re Rating Change and Customary Limitation cate limitation change Change mester Change [2] as of 10/01/1985	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DC	_
Home Office: 1 - No Home Office			



Westminster Woods on Julin	gton Creek			Provider Number:	0 212083-00
25 William Bartram Scenic I	Highway			Date:	7/24/2013
Jacksonville FL 32259				Fiscal Year End:	3/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	igle Level	- -	Current Rate	New Rate 197.97	Effective Date 7/1/2013
Rate Type :		X	Prospectiv	ve	
Settlem	nterim Component ent based on costs rovider Prospective data			Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited cost Field audit - interi Desk audited costs Desk Audit - Interi Desk Audit - Pros	im portion s m Portion	Changes	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange mester Change [2] as of 01/01/1996	on
Distribution: Contract Management A Permanent File For information O No Change in Ra Home Office:	Only	M		Thomas Parker t Reimbursement Plan	_
Home Office.	80 West Lucerne Circle Orlando FL 32801				



Ybor City Healthcare and Rehabilitation Center		Provider Number:	0 212164-00
1709 Taliaferro Ave.		Date:	7/24/2013
Tampa FL 33602		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 212.54	New Rate 217.53	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/1985	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only		t Reimbursement Plan	
For information Only No Change in Rate	Z	L DE	>
Home Office: Summit Care II, Inc Guy Farmer 2851 Remington Green Circle, Tallahassee FL 32308	Ste. D		



The Fountains Nursing Home				Provider Number:	0 212393-00
3800 North Federal Hwy.				Date:	7/24/2013
Boca Raton FL 33431				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single I	.evel		Current Rate 205.03	New Rate 216.50	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Comp		X		re Total Prospective Prospective Adjusted f Total Prospective with	
Prior Provide: Basis:	Prospective data	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim por Desk audited costs Desk audit - Interim Por Desk Audit - Prospectiv	tion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 03/01/1986	on
Distribution:				Thomas Parker	
Contract Management / Fisca Permanent File For information Only No Change in Rate	l Agent	Med		t Reimbursement Plan	
Home Office: Rohi	ast Avenue ester NY 14607				



Woodland Terrace		Provider Number:	0 212636-00
120 Chipola Avenue		Date:	7/24/2013
Deland FL 32720		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 171.85	New Rate 173.83	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospecti X	ve Total Prospective Prospective Adjusted to	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target F FRVS C X Rate Ser	re Rating Change and Customary Limitation Rate limitation change Change mester Change [2] as of 09/27/1996	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
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:	7/24/2013
St. Petersburg FL 33705-6272	_	Fiscal Year End:	3/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 178.36	New Rate	Effective Date 7/1/2013
Nursing Home Single Level	178.30	182.98	7/1/2013
Rate Type: Interim Total Interim	X Prospective	otal Prospective	
Interim Component		ospective Adjusted f	for New Costs
Settlement based on costs			Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensure I	Rating Change	
X Unaudited costs		Customary Limitatio	n
Field audited costs		e limitation change	
Field audit - interim portion	FRVS Cha	nge	
Desk audited costs Desk audit - Interim Portion	X Rate Semes	ster Change	
Desk Audit - Prospective portion] as of 08/23/1996	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost F	Reimbursement Plani	ning and Finance
Permanent File		-7	
For information Only No Change in Rate	2	L-200	>
No Change in Rate			
Home Office: Westminster Services			
80 West Lucerne Circle Orlando FL 32801			



Oceanside Extended Care Center		Provider Number:	0 212733-00
550 9th Street		Date:	7/24/2013
Miami Beach FL 33139		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 151.39	New Rate	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospectiv	ve Total Prospective Prospective Adjusted to the Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	re Rating Change ad Customary Limitation ate limitation change Thange mester Change [2] as of 10/01/1985	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	-
Home Office: SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114			



Florida Lutheran Retirement Center			Provider Number:	0 212792-00
450 NORTH MCDONALD AVENUE			Date:	7/24/2013
DeLand FL 32724			Fiscal Year End:	6/30/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Leve	1	Current Rate 193.55	New Rate 197.97	Effective Date 7/1/2013
Interim Total Interim Interim Componer Settlement based of Prior Provider Pro	on costs]	e Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Cha	Usual and Target Ra FRVS Ch	e Rating Change I Customary Limitation te limitation change hange	on
Desk Audit - Prospective por	tion		[2] as of 01/17/1997	
Distribution: Contract Management / Fiscal Ag Permanent File For information Only No Change in Rate	ent –		Thomas Parker Reimbursement Plant	_
Kim Kour 4800 Wes	cal Lutheran Good Samarita i t 57th Street s SD 57117	n		



Palmetto Subacute Care Center		Provider Number:	0 212806-00
7600 S.W. 8th Street		Date:	7/24/2013
Miami FL 33144		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onaudited [5]
Trovider Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	254.67	260.46	7/1/2013
D / B			
Rate Type:			
Interim	X 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:		
	Licansur	e Rating Change	
Budget X Unaudited costs		d Customary Limitatio	n
Field audited costs		ate limitation change	11
Field audit - interim portion	FRVS C	=	
Desk audited costs			
Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 01/24/1997	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			6
For information Only	7	L-DE	>
No Change in Rate	~		
Home Office: 1 - No Home Office			
Home Office.			



Tarpon Bayou Center		Provider Number:	0 212849-00
515 Chesapeake Drive		Date:	7/24/2013
Tarpon Springs FL 34689		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	- Chadanea [5]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	198.52	199.86	7/1/2013
Rate Type :			
Interim	X Prospectiv		
Total Interim Interim Component		Total Prospective Prospective Adjusted to	for Navy Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		Total Prospective with	mermi component
Basis:	Changes:		
Dasis.	Changes.		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 10/01/1985	
Distribution:	OllTRV	Thomas Parker	
Contract Management / Fiscal Agent	Madianid Con		ning and Einenen
Permanent File	Medicald Cos	t Reimbursement Plan	ming and rinance
For information Only	~~	120	>
No Change in Rate	2	- CAL	
Home Office: 1 - No Home Office			
nome Office:			



Lakeland Hills Center		Provider Number:	0 212865-00
610 East Bella Vista Drive		Date:	7/24/2013
Lakeland FL 33805		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Onadarea [5]
-10,1001 -J.P.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	190.88	187.27	7/1/2013
Rate Type: Interim Total Interim		Total Prospective	
Interim Component	I	Prospective Adjusted to	for New Costs
Settlement based on costs	7	Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion	Usual and	Rating Change Customary Limitatio te limitation change ange	n
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Seme	ester Change 2] as of 10/01/1985	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: 1 - No Home Office			



The Groves Center	Provider Number:	0 212881-00
512 South 11th Street	Date:	7/24/2013
Lake Wales FL 33853	Fiscal Year End:	8/31/2012
	Audit Status:	Unaudited [3]
Provider Type:		
· -	Current New	Effective
Name I I am	Rate Rate	Date
Nursing Home Single Level	<u>181.31</u> <u>180.06</u>	7/1/2013
Rate Type :		
Interim	X Prospective	
Total Interim	Total Prospective	S. M. G.
Interim Component	Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data	Total Prospective will	h Interim Component
Basis:	Changes:	
Pudent	Licensure Rating Change	
Budget X Unaudited costs	Usual and Customary Limitati	on
Field audited costs	Target Rate limitation change	
Field audit - interim portion	FRVS Change	
Desk audited costs		
Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Semester Change On FRV [2] as of 10/01/1985	
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Plan	nning and Finance
Permanent File		
For information Only	21-26	2
No Change in Rate		
Home Office: 1 - No Home Office		



Egret Cove Center		Provider Number:	0 212890-00
550 62nd Street		Date:	7/24/2013
St. Petersburg FL 33707		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	- Chadanea [5]
-3. Pos	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	196.76	199.95	7/1/2013
Rate Type:Interim	X Prospectiv		
Total Interim Interim Component		Total Prospective Prospective Adjusted to	for Naw Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		Town Trospective with	· ····································
Basis:	Changes:		
Budget	Licensure	e Rating Change	
X Unaudited costs		d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS CI	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Sem	nester Change	
Desk Audit - Prospective portion		[2] as of 10/01/1985	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			-
For information Only	2	L-20	>
No Change in Rate			
Home Office: 1 - No Home Office			



Emerald Coast Center		Provider Number:	0 212903-00
114 Third Street South		Date:	7/24/2013
Ft. Walton Beach FL 32548		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		110010 2000031	
J.F.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	187.79	190.56	7/1/2013
Rate Type: Interim	X Prospectiv		
Total Interim Interim Component		Total Prospective Prospective Adjusted:	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		Total Prospective with	Timerim component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitationate limitation change nange nester Change [2] as of 10/01/1985	on
		Thomas Parker	
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			



Clearwater Center		Provider Number:	0 212911-00
1270 Turner Street		Date:	7/24/2013
Clearwater FL 34616		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tada Suudsi	
• •	Current	New	Effective
N	Rate	Rate	Date
Nursing Home Single Level	201.67	196.79	7/1/2013
Rate Type: Interim Total Interim Interim Component		otal Prospective	for New Costs
Settlement based on costs		Tospective Adjusted I	
Prior Provider Prospective data	1	otal Flospective with	i intermi Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:	Usual and Target Rat FRVS Ch	ester Change 2] as of 10/01/1985	n
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cost	Reimbursement Plans	ning and Finance
For information Only No Change in Rate	Z	l De) —
Home Office: 1 - No Home Office			



Florida Presbyterian Homes, Inc.		Provider Number:	0 212971-00
16 Lake Hunter Drive		Date:	7/24/2013
Lakeland FL 33803		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	- Chaddica [3]
1, po.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	200.99	205.46	7/1/2013
Rate Type: Interim Total Interim	X Prospectiv	e Total Prospective	
Interim Component		Prospective Adjusted 1	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		1	•
Basis:	Changes:		
Budget	Licensure	e Rating Change	
X Unaudited costs		d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Sem	nester Change	
Desk Audit - Prospective portion		[2] as of 03/20/1997	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		-7	
For information Only No Change in Rate	2	L-20	>
Home Office: 1 - No Home Office			



Bay Center		Provider Number:	0 212989-00
1336 St. Andrews Blvd		Date:	7/24/2013
Panama City FL 32405		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onaudica [5]
1101201 1, pc.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	196.61	189.76	7/1/2013
Rate Type :			
Interim Total Interim	Y Prospectiv	Total Prospective	
Interim Component		Prospective Adjusted 1	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 costs	Usual and	d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs	X Rate Sen	a a stan Changa	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 10/01/1985	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			
For information Only	2	L-20	>
No Change in Rate	-500	~~	
Home Office: 1 - No Home Office			



Bartow Center	Provider Number:	0 212997-00
2055 East Georgia Street	Date:	7/24/2013
Bartow FL 33830	Fiscal Year End:	8/31/2012
	Audit Status:	Unaudited [3]
Provider Type:	Tradit States.	emaantea [e]
J.F.	Current New	Effective
	Rate Rate	Date
Nursing Home Single Level	<u>198.35</u> <u>190.67</u>	7/1/2013
Rate Type:		
Interim	X Prospective	
Total Interim	X Total Prospective	
Interim Component	Prospective Adjusted	
Settlement based on costs	Total Prospective wit	h Interim Component
Prior Provider Prospective data		
Basis:	Changes:	
Pudent	Licensure Rating Change	
Budget X Unaudited costs	Usual and Customary Limitati	on
Field audited costs	Target Rate limitation change	
Field audit - interim portion	FRVS Change	
Desk audited costs		
Desk audit - Interim Portion	X Rate Semester Change	
Desk Audit - Prospective portion	On FRV [2] as of 10/01/1985	
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Plan	nning and Finance
Permanent File		
For information Only	21-20	2
No Change in Rate		
Home Office: 1 - No Home Office		



Boca Ciega Center		Provider Number:	0 213004-00
1414 59th Street South		Date:	7/24/2013
Gulfport FL 33707		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	- Chadanea [5]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	198.62	199.59	7/1/2013
Rate Type :			
Interim	X Prospectiv		
Total Interim Interim Component		Total Prospective Prospective Adjusted to	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		Total Prospective with	a micrimi Component
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	nange	
Desk audited costs Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion		[2] as of 10/01/1985	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	Wedicard Cos	t Remioursement Fran	and I manee
For information Only	7	120	>
No Change in Rate	2_		
Home Office: 1 - No Home Office			



Tamarac Rehabilitation and Health Center		Provider Number:	0 213098-00
7901 NW 88th Avenue		Date:	7/24/2013
Tamarac FL 33321		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 226.87	New Rate 233.56	Effective Date 7/1/2013
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospect X	ive 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	Usual a Target FRVS	nre Rating Change and Customary Limitatio Rate limitation change Change emester Change V [2] as of 11/01/1997	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker ost Reimbursement Plant	_
Home Office: Millenium Health Systems Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309			



Water's Edge Extended Care	Provider Number:	0 213152-00
1500 S.W. Capri	Date:	7/24/2013
Palm City FL 34990	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current New Rate Rate 256.71 261.37	Effective Date 7/1/2013
Rate Type :		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X Prospective X Total Prospective Prospective Adjusted Total Prospective wit hanges: Licensure Rating Change Usual and Customary Limitati Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 04/21/1997	h Interim Component
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Plan	nning and Finance
Permanent FileFor information OnlyNo Change in Rate	21-20	2
Home Office: 1 - No Home Office		



Life Care Center at Wells Crossing		Provider Number:	0 213161-00
355 Crossing Boulevard		Date:	7/24/2013
Orange Park FL 32073		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 203.36	New Rate 199.39	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Cl	e Rating Change d Customary Limitation ate limitation change nange nester Change [2] as of 07/23/1997	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Harborchase of Venice		Provider Number:	0 213322-00
950 Pinebrook Road		Date:	7/24/2013
Venice FL 34292		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Onaudited [5]
110 Mari 1, por	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	211.53	216.82	7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs	P	otal Prospective Prospective Adjusted of	
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Rat FRVS Cha	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 04/01/1997	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: 1 - No Home Office			



Life Care Center Of Orlando				Provider Number:	0 213403-00
3211 Rouse Road				Date:	7/24/2013
Orlando FL 32817				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single	e Level		Current Rate 209.43	New Rate 205.17	Effective Date 7/1/2013
		X		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim pulsa audited costs Desk audit - Interim pulsa audit - Interim pulsa audit - Prospector	Portion		Usual and Target Ra FRVS Cl	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/02/1997	n
Distribution:				Thomas Parker	
Contract Management / Fig	scal Agent	Med	licaid Cos	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	y			LRE	
Do 35	fe Care Centers Of America oug Ruth 70 NW Keith Street eveland TN 37320				



Madison Nursing Center		Provider Number:	0 213462-00
2481 West US 90		Date:	7/24/2013
Madison FL 32340		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 226.27	New Rate 232.67	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitation ate limitation change manage mester Change [2] as of 09/01/1996	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		t Reimbursement Plan	_
Home Office: Summit Care II, Inc Guy Farmer 2851 Remington Green Circle Tallahassee FL 32308	e, Ste. D		



VI at Lakeside Village	Provider Number: 0 213837-00
2792 Donnelly Drive	Date: 7/24/2013
Lantana FL 33462	Fiscal Year End: 12/31/2011
	Audit Status: Unaudited [3]
Provider Type:	Current New Effective Rate Rate Date
Nursing Home Single Level	<u>239.58</u> <u>246.44</u> <u>7/1/2013</u>
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data Basis:BudgetXUnaudited costsField audited costsField audit - interim portionDesk audited costs	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semester Change On FRV [2] as of 08/01/1998
Distribution:	Thomas Parker
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z.L.Z.L.
Home Office: 1 - No Home Office	



Page Rehabilitation and Healthcare Center		Provider Number:	0 213900-00
2310 North Airport Road		Date:	7/24/2013
Fort Myers FL 33907		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:		Tadit Status.	e madated [e]
3.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	236.29	241.95	7/1/2013
Rate Type :			
Interim	X Prospecti	ve	
Total Interim	X	Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensu	re Rating Change	
X Unaudited costs		nd Customary Limitatio	on
Field audited costs		Rate limitation change	
Field audit - interim portion	FRVS C	Change	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		mester Change [2] as of 07/01/1986	
Distribution:	Sh T K V	Thomas Parker	
Contract Management / Fiscal Agent			
Permanent File	Medicaid Co	st Reimbursement Plan	ning and Finance
For information Only		11000	>
No Change in Rate	2	L DE	
Home Office: 1 - No Home Office			
Home Office.			



TMH Skilled Nursing Facility		Provider Number:	0 213934-00
1609 Medical Drive		Date:	7/24/2013
Tallahassee FL 32308		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	- Chadated [3]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	210.02	214.94	7/1/2013
Rate Type :			
Interim	X Prospectiv	Α	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensure	e Rating Change	
X Unaudited costs	Usual and	d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS CI	nange	
Desk audited costs Desk audit - Interim Portion	X Rate Sem	nester Change	
Desk Audit - Prospective portion		[2] as of 10/01/1985	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	t Reimbursement Plans	ning and Finance
Permanent File			-
For information Only	Z	L-20	>
No Change in Rate	-		
Home Office: 1 - No Home Office			



MIAMI SHORES NURSING AND REHAB CENTER			Provider Number:	0 214035-00
9380 N.E 7TH AVENUE			Date:	7/24/2013
Miami FL 33150			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	<u>I</u>	arrent Rate 54.26	New Rate 254.59	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	<u>X</u> P		e Total Prospective Prospective Adjusted : Total Prospective with	
Basis:	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		Usual and Target Ra FRVS Ch Rate Sem	e Rating Change I Customary Limitation the limitation change hange Lester Change [2] as of 10/01/1985	on
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent	Medi	caid Cost	Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		Z	120	·
Home Office: DOS Health Care, Inc Jorge Hernando 300 71st Street, Suite 400 Miami FL 33141				



Life Care Center of Hilliard		Provider Number:	0 214060-00
US 1 & 3rd Street		Date:	7/24/2013
Hilliard FL 32046		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		ruun Status.	
-JP3	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	200.00	195.80	7/1/2013
Rate Type : Interim Total Interim	X ProspectiX	Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensu	re Rating Change	
X Unaudited costs		nd Customary Limitatio	on
Field audited costs		Rate limitation change	
Field audit - interim portion	FRVS (Change	
Desk audited costs Desk audit - Interim Portion	X Rate Se	mastar Changa	
Desk Audit - Prospective portion		mester Change / [2] as of 05/01/1990	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent File			
For information Only	7	L De	>
No Change in Rate			
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Baldomero Lopez State Veterans' Nursing Ho	:	Provider Number:	0 214914-00
6919 Parkway Blvd.		Date:	7/24/2013
Land O Lakes FL 34639		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 222.28	New Rate 225.77	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on cost	X Prospect X	ive Total Prospective Prospective Adjusted: Total Prospective with	
Prior Provider Prospective Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual a Target FRVS	ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 05/07/1999	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	ost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		21-20	
Home Office: Florida Dept. of Walter Gilchrist 11351 Ulmerton Largo Fl 33778-	oad, Room 332-I		



Osprey Point Nursing Cente	er			Provider Number:	0 215597-00
1104 South Main Street				Date:	7/24/2013
Bushnell FL 33513				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				riddit Status.	
J 1			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home Sin	ngle Level	_	197.03	202.86	7/1/2013
Rate Type :		X	Prospectiv	10	
Total I	nterim	A	X	Total Prospective	
	n Component			Prospective Adjusted to	for New Costs
	nent based on costs			Total Prospective with	
Prior P	rovider Prospective data				
Basis:		Changes:			
Budget			Licensur	e Rating Change	
X Unaudited costs			Usual an	d Customary Limitatio	n
Field audited cos	ts		_	ate limitation change	
Field audit - inter	_		FRVS C	hange	
Desk audited cost			D. G.	out of Classics	
Desk audit - Inter Desk Audit - Pros		X		nester Change [2] as of 07/02/1999	
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Me	edicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File					
For information	•		2	L-DC	>
No Change in R	ate				
Home Office:	Health Care Managers, Inc				
	Ivonne Burrell				
	2380 Sadler Road Suite 201 Fernandina Beach FL 32034				
	Ternandina Deach FL 32034				



Harbour's Edge		Provider Number:	0 216399-00
401 E. Linton Boulevard		Date:	7/24/2013
Delray Beach FL 33483		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 248.88	New Rate 254.14	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospectiv	ve Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	te Rating Change ad Customary Limitation ate limitation change thange nester Change [2] as of 01/01/1999	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	_
Home Office: LifeSpace Communities, Inc. 100 East Grand Ave. Des Moines IA 50309			



Crystal River Health & Rehabilitation Center		Provider Number:	0 217263-00
136 Northeast 12th Avenue		Date:	7/24/2013
Crystal River FL 34429		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 211.95	New Rate 212.59	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospectiv	ve Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	re Rating Change ad Customary Limitation at limitation change thange mester Change [2] as of 07/01/1999	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		st Reimbursement Plan	_
Home Office: NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406			



Ocala Health & Rehabilitation Center		Provider Number:	0 217395-00
1201 Southeast 24th Road		Date:	7/24/2013
Ocala FL 34471		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 195.97	New Rate 196.43	Effective Date 7/1/2013
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospectiv	ve 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	Usual an Target R FRVS C X Rate Sen	re Rating Change ad Customary Limitation at limitation change thange mester Change [2] as of 07/01/1999	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker	
Home Office: NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406			



West Melbourne Health & Rehabilitation Center		Provider Number:	0 217727-00
2125 West New Havene Avenue		Date:	7/24/2013
West Melbourne FL 32904		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 200.36	New Rate 205.04	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/2011	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		t Reimbursement Plan	
Home Office: NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406			



St. Augustine Health & Rehabilitation Center		Provider Number:	0 217735-00
51 Sunrise Boulevard		Date:	7/24/2013
St. Augustine FL 32086		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 216.91	New Rate 221.95	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		re Total Prospective Prospective Adjusted : Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Sen	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 07/01/1999	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information Only No Change in Rate		t Reimbursement Plan	
Home Office: NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406			



Daytona Beach Health and Rehabilitation Center		Provider Number:	0 217743-00
1055 Third Avenue		Date:	7/24/2013
Daytona Beach FL 32117		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 207.74	New Rate 212.56	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospectiv	ve Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target R FRVS C X Rate Ser	re Rating Change and Customary Limitation cate limitation change change mester Change [2] as of 01/01/1999	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		st Reimbursement Plan	_
Home Office: NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406			



Life Care Center of Port St. Lucie		Provider Number:	0 217824-00
3720 South Jennings Road		Date:	7/24/2013
Port St Lucie FL 34952		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 221.34	New Rate 223.67	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion	Usual and	e Rating Change d Customary Limitatio ate limitation change nange	on
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 01/01/1999	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	t Reimbursement Plant	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Lakeshore Villas Health Care Center			Provider Number:	0 218057-00
16002 Lakeshore Villas Drive			Date:	7/24/2013
Tampa FL 33613			Fiscal Year End:	1/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	R	rent ate 6.35	New Rate 201.16	Effective Date 7/1/2013
Rate Type :				
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u>X</u> Pro	F	Total Prospective Prospective Adjusted	for New Costs h Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	U T F	sual and arget Ra RVS Ch	Rating Change Customary Limitation te limitation change ange ester Change	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619	Medic		Thomas Parker Reimbursement Plan	_



West Jacksonville Health and Rehabilitation Center		Provider Number:	0 218171-00
1650 Fouraker Road		Date:	7/24/2013
Jacksonville FL 32221		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 203.27	New Rate 196.66	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		re Total Prospective Prospective Adjusted : Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/10/1990	on
Distribution:		Thomas Doulton	
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 Drive Columbia MD 21046	e Suite J		



Life Care Center of Winter Haven		Provider Number:	0 219380-00
1510 Cypress Gardens Boulevard		Date:	7/24/2013
Winter Haven FL 33884		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Chaudica [3]
Trovider Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	208.83	210.46	7/1/2013
Rate Type: Interim	X Prospectiv	e	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	n Interim Component
Prior Provider Prospective data			
Basis: Ch	anges:		
Budget	Licensure	e Rating Change	
X Unaudited costs	Usual and	d Customary Limitatio	on
Field audited costs	Target R	ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion		nester Change [2] as of 11/03/1999	
Desk Audit - Prospective portion Distribution:	OllTRV	Thomas Parker	
Contract Management / Fiscal Agent	Madigaid Con		ning and Finance
Permanent File	wieuicaiu Cos	t Reimbursement Plan	пшд апа гшапсе
For information Only	7	1000	2
No Change in Rate	2	L-DE	
Home Office.			
Doug Ruth 3570 NW Keith Street			
Cleveland TN 37320			



Century Care Center.		Provider Number:	0 220604-00
6020 Industrial Blvd.		Date:	7/24/2013
Century FL 32535		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 223.69	New Rate 229.85	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change I Customary Limitation te limitation change nange sester Change [2] as of 08/12/1994	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Summit Care II, Inc Guy Farmer 2851 Remington Green Circle Tallahassee FL 32308	Z	Thomas Parker Reimbursement Plant	_



Santa Rosa Health & Rehabilitation Center	Provide	er Number:	0 220612-00
5386 Broad Steeet		Date:	7/24/2013
Milton FL 32570	— Fiscal	Year End:	7/31/2011
		udit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current N Rate F	New Rate 18.98	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		ve Adjusted	for New Costs n Interim Component
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating O Usual and Custom Target Rate limita FRVS Change X Rate Semester Cha On FRV [2] as of	ary Limitation change	on
<u>Distribution:</u>	Thom	as Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbu		ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z.L.		_
Home Office: Summit Care II, Inc Guy Farmer 2851 Remington Green C Tallahassee FL 32308	Circle, Ste. D		



Sandy Ridge Care Center		Provider Number:	0 220621-00
5360 Glover Lane		Date:	7/24/2013
Milton FL 32570		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 228.64	New Rate	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	F	e Fotal Prospective Prospective Adjusted for all Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch X Rate Seme	Rating Change Customary Limitatio te limitation change ange ester Change 2] as of 02/29/2000	n
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 Reimbursement Plans	-



Clermont Health and Rehabilitation Center		Provider Number:	0 221465-00
151 East Minnehaha Avenue		Date:	7/24/2013
Clermont FL 34711		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 180.84	New Rate 198.01	Effective Date 7/1/2013
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	Changes: Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted if Total Prospective with Read Prospective Adjusted in Prospective With	n Interim Component
Desk Audit - Prospective portion		[2] as of 03/01/1987	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File For information Only No Change in Rate	Z	L DE	>
Home Office: 1 - No Home Office			



Delaney Park Health and Rehabilitation Center		Provider Number:	0 221589-00
215 Annie Street		Date:	7/24/2013
Orlando FL 32806		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	188.11	199.85	7/1/2013
Rate Type :			
Interim	X Prospective	ve .	
Total Interim	X	Total Prospective	
Interim Component		Prospective Adjusted:	
Settlement based on costs Prior Provider Prospective data		Total Prospective with	Interim Component
Basis:	Changes:		
Declarat	Licensur	e Rating Change	
Budget X 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		nester Change [2] as of 03/30/1993	
Desk Audit - Prospective portion Distribution:	Oll TRV	[2] as 01 03/30/1993	
		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information Only			2
No Change in Rate	2	L-DE	
			
Home Office: 1 - No Home Office			
\P			



Regents Park at Aventura		Provider Number:	0 223239-00
18905 NE 25th Avenue		Date:	7/24/2013
North Miami Beach FL 33180		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	- Chaddica [5]
Trovider Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	217.73	222.06	7/1/2013
Rate Type: Interim	X Prospectiv	70	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
	<u> </u>		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs	D C	. CI	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 11/21/1988	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File			-
For information Only	7	L-DE	>
No Change in Rate	2_	- EL	
Home Office: 1 - No Home Office			



Orlando Health and R	ehabilitation Center			Provider Number:	0 223654-00
830 29th Street				Date:	7/24/2013
Orlando FL 32805				Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
	a		Rate	Rate	Date
Nursing Home	Single Level		176.48	<u>172.12</u>	7/1/2013
	Level U: Fragile Under 21	_	448.33	446.65	7/1/2013
Rate Type :					
Interim		X	Prospectiv	ve .	
	Γotal Interim		<u>X</u>	Total Prospective	
	Interim Component			Prospective Adjusted to	
	Settlement based on costs			Total Prospective with	Interim Component
1	Prior Provider Prospective data		_		
Basis:		Changes:	_		
Budget			Licensur	e Rating Change	
X Unaudited	costs	-	-	d Customary Limitatio	n
Field audit	ed costs		_	ate limitation change	
	- interim portion		FRVS C	hange	
Desk audite	ed costs - Interim Portion	<u> X</u>	Data Can	acetan Change	
	- Prospective portion			nester Change [2] as of 10/01/1985	
Distribution:				Thomas Parker	
Contract Manag	ement / Fiscal Agent		dicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File					-
	nation Only		2	L-20	>
No Chang	ge in Rate				
Home Office:	1 - No Home Office				



Life Care Center of Sarasota				Provider Number:	0 223786-00
8104 North Tuttle Avenue				Date:	7/24/2013
Sarasota Fl 34243				Fiscal Year End:	1/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sing	le Level	_	Current Rate 226.58	New Rate 231.64	Effective Date 7/1/2013
D-4- T					
Settlemen	erim Component nt based on costs vider Prospective data	<u> X</u>		e Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim Desk audited costs Desk audit - Interim	Portion	Changes	Licensure Usual and Target R FRVS C	nester Change	n
Desk Audit - Prospe	ective portion		On FRV	[2] as of 06/29/2000	
Distribution: Contract Management / Formanent File For information On No Change in Rate	nly	Me		Thomas Parker t Reimbursement Plant	_
Frome Office.	Life Care Centers Of America Doug Ruth 570 NW Keith Street Cleveland TN 37320				



Avante at Orlando		Provider Number:	0 223808-00
2000 North Semoran Boulevard	_	Date:	7/24/2013
Orlando FL 32807		Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Chaudited [3]
Trovider Type.	Currer	nt New	Effective
	Rate	Rate	Date
Nursing Home Single Level	230.6	236.35	7/1/2013
Rate Type :			
Kate Type.			
Interim	X Prosp		
Total Interim	X		Con Nico Contro
Interim Component		Prospective Adjusted Total Prospective with	
Settlement based on costs Prior Provider Prospective data		Total Prospective with	i interim Component
Basis:	Changes:		
D 1	Lica	nsure Rating Change	
Budget X Unaudited costs		al and Customary Limitation	on.
Field audited costs		et Rate limitation change	лі
Field audit - interim portion		'S Change	
Desk audited costs			
Desk audit - Interim Portion	X Rate	Semester Change	
Desk Audit - Prospective portion	On I	FRV [2] as of 11/01/1990	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid	Cost Reimbursement Plan	ning and Finance
Permanent File	Wiedicard	Cost Remioursement Fluir	and I manee
For information Only		2020	2
No Change in Rate		a de	
Home Office: Avante Group, Inc.			
Janan Mitchell			
4000 Hollywood Blvd, S	Suite 540-N		
Hollywood FL 33021-67	744		



Doctors Lake of Orange Park		Provider Number:	0 223883-00
833 Kingsley Avenue		Date:	7/24/2013
Orange Park FL 32073		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 212.10	New Rate 193.86	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	X Prospecti	ve Total Prospective Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target I FRVS C X Rate Se	re Rating Change and Customary Limitation Rate limitation change Change mester Change [7 [2]] as of 11/03/1987	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Co	st Reimbursement Plan	ning and Finance
For information Only No Change in Rate	Z	120	<u> </u>
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:	7/24/2013
Pensacola FL 32501		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	- Chaddited [5]
J.F.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	212.51	215.46	7/1/2013
Rate Type :			
Interim	X Prospectiv		
Total Interim	X	Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data		Total Prospective with	Interim Component
Basis:	Changes:		
Pudget	Licensur	e Rating Change	
Budget X Unaudited costs		d Customary Limitation	ın
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion		nester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 06/30/1987	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File		7	
For information Only	2	L-DE	>
No Change in Rate			
Home Office: 1 - No Home Office			



MK of Haines City LLC		Provider Number:	0 224341-00
409 10TH STREET		Date:	7/24/2013
Haines City FL 33844		Fiscal Year End:	11/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 207.99	New Rate 212.72	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospecti X	ve Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target F FRVS C X Rate Ser	re Rating Change and Customary Limitation Rate limitation change Change mester Change [2] as of 12/01/1998	on
<u>Distribution:</u>		Th D l	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker st Reimbursement Plan	
Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633			



South Tampa Health and Rehabilitation Center		Provider Number:	0 224910-00
4610 S. Manhattan Avenue		Date:	7/24/2013
Tampa FL 33611		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Chadarea [c]
_J_F	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	212.00	205.26	7/1/2013
Rate Type :			
Interim	X Prospectiv	re	
Total Interim	X	Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
5.1	Liconsur	e Rating Change	
Budget X Unaudited costs		d Customary Limitatio	เท
Field audited costs		ate limitation change	M1
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion		nester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 12/01/1986	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			
For information Only	Z	L-DE)
No Change in Rate			
Home Office: 1 - No Home Office			



MK of North Port LLC		Provider Number:	0 225053-00
6940 Outreach Way		Date:	7/24/2013
North Port FL 34287		Fiscal Year End:	2/29/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 224.54	New Rate 230.30	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs	X Prospective X	ve Total Prospective Prospective Adjusted f Total Prospective with	
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	re Rating Change ad Customary Limitatio Late limitation change Change mester Change [2] as of 11/01/1997	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker	
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:	7/24/2013
Fernandina Beach FL 32034				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	gle Level	_	Current Rate 207.48	New Rate	Effective Date 7/1/2013
Rate Type: Interim Total In Interim	nterim Component	X	Prospectiv X	ve Total Prospective Prospective Adjusted	for New Costs
	ent based on costs ovider Prospective data	Changes	 :	Total Prospective with	n Interim Component
Budget X Unaudited costs Field audited costs Field audit - interi Desk audited costs Desk audit - Interi Desk Audit - Prosp	m portion s m Portion	X	Licensur Usual an Target R FRVS C	re Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/01/2000	on
Distribution:				Thomas Parker	
Contract Management /	Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information (No Change in Ra	•			L DE	_
Home Office:	M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633				



MK of Winter Garden LLC		Provider Number:	0 225410-00
12751 W Colonial Dr		Date:	7/24/2013
Winter Garden FL 34787		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 225.99	New Rate 231.24	Effective Date 7/1/2013
Rate Type : Interim Total Interim	X Prospectiv	ve Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 09/01/1999	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Modionid Con	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DC	
Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633			



Springtree Rehab & Health Center, 1	LLC			Provider Number:	0 225631-00
4251 Springtree Drive				Date:	7/24/2013
Sunrise FL 33351				Fiscal Year End:	8/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Lo	evel		Rate	New Rate 218.81	Effective Date 7/1/2013
Interim Total Interim Interim Compo Settlement base Prior Provider		XF		e Total Prospective Prospective Adjusted : Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim porti Desk audited costs Desk Audit - Prospective	on	Changes: X	Usual and Target R FRVS Cl	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 03/06/1990	on
Arman 5310 N	Agent fium Health Systems do Vazquez IW 33rd Avenue derdale FL 33309	Med		Thomas Parker t Reimbursement Plan	_



Pinecrest Convalescent Center		Provider Number:	0 225754-00
13650 NE Third Street	- -	Date:	7/24/2013
North Miami FL 33161	_	Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 242.12	New Rate 245.37	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 04/01/1996	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Millenium Health System	Z	Thomas Parker t Reimbursement Plann	_
Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309			



Stuart Nursing & Restorative Care Center		Provider Number:	0 225991-00
1500 Palm Beach Road		Date:	7/24/2013
Stuart FL 33494		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 210.67	New Rate 221.94	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitation ate limitation change hange hester Change [2] as of 10/01/1985	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	120	· —
Home Office: Eden Park Health Services, Inc. Joseph Ficocello 45 Learned Street Albany NY 12207			



Port St. Lucie Nursing & Restorative Care Center		Provider Number:	0 226009-00
7300 Oleander Avenue		Date:	7/24/2013
Port St. Lucie FL 34952		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 218.35	New Rate 225.23	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only		t Reimbursement Plans	
Mo Change in Rate Home Office: Eden Park Management, Inc. Thomas R. Ellis 22 Holland Avenue Albany NY 12209	5252		



Plantation Nursing &	Rehab Center			Provider Number:	0 226017-00
4250 NW 5th Street				Date:	7/24/2013
Plantation FL 33317				Fiscal Year End:	8/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Chaudited [5]
riovider rype.			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		236.82	242.36	7/1/2013
	Level U: Fragile Under 21	_	508.67	516.89	7/1/2013
Rate Type :					
Interim		X	Prospectiv	/e	
	Total Interim			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 Limitatio	on
Field audit				ate limitation change	
Field audit	z - interim portion		FRVS C	hange	
Desk audite					
	- Interim Portion	X		nester Change	
Distribution:	t - Prospective portion		On FRV	[2] as of 10/01/1985	
Contract Manag	ement / Fiscal Agent			Thomas Parker	
Permanent File		Med	dicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only		2-73	11-00)
No Chang	ge in Rate		_	120	
Home Office:	Millenium Health Systems				
Home Office.	Armando Vazquez				
	5310 NW 33rd Avenue				
	Ft. Lauderdale FL 33309				



Martin Nursing and Restorative Care Center		Provider Number:	0 226033-00
6001 SE Tower Road		Date:	7/24/2013
Stuart FL 34997		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 218.69	New Rate 230.30	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospecti X	ve Total Prospective Prospective Adjusted to Total Prospective with	
Budget	Changes: Licensu	re Rating Change	
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Target I FRVS C	nd Customary Limitation Rate limitation change Change mester Change	on
Desk Audit - Prospective portion		7 [2] as of 10/16/1997	
Distribution: Contract Management / Fiscal Agent		Thomas Parker	_
Permanent File For information Only No Change in Rate		st Reimbursement Plan	
Home Office: Eden Park Management, Inc. Thomas R. Ellis 22 Holland Avenue Albany NY 12209			



The Manor At Blue Water Bay	Provider Number:	0 226041-00
1500 North White Point Rd.	Date:	7/24/2013
Niceville FL 32578	Fiscal Year End:	8/31/2012
	Audit Status:	Unaudited [3]
Provider Type:	Audit Status.	Onaddica [5]
110 tuel 1, per	Current New	Effective
	Rate Rate	Date
Nursing Home Single Level	205.24 209.75	7/1/2013
Rate Type :		
Interim	X Prospective	
Total Interim	X Total Prospective	
Interim Component	Prospective Adjusted f	for New Costs
Settlement based on costs	Total Prospective with	Interim Component
Prior Provider Prospective data		
Basis:	Changes:	
Budget	Licensure Rating Change	
Unaudited costs Field audited costs	Usual and Customary Limitatio Target Rate limitation change	n
	FRVS Change	
Field audit - interim portion Desk audited costs	I KV5 Change	
Desk audited costs Desk audit - Interim Portion	X Rate Semester Change	
Desk Audit - Prospective portion	On FRV [2] as of 02/02/1993	
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Plant	ning and Finance
Permanent File	Wedledid Cost Reinfoursement I fain	and I manee
For information Only	2620	>
No Change in Rate		
Home Office: 1 - No Home Office		
Home Office.		



Cathedral Gerontology Cent	er			Provider Number:	0 226068-00
333 East Ashley Street				Date:	7/24/2013
Jacksonville FL 32202				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	_	Current Rate 219.29	New Rate 224.83	Effective Date 7/1/2013
Settlem	nterim n Component nent based on costs rovider Prospective data	X	Prospectiv X	re Total Prospective Prospective Adjusted f Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk Audit - Inter Desk Audit - Pros	rim portion ss im Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 09/01/1989	n
Distribution:				Thomas Parker	
Contract Management Permanent File For information No Change in R	Only	Me		t Reimbursement Plans	
Home Office:	Cathedral Foundation, Inc. G.S. Whitmore 4250 Lakeside Drive Jacksonville FL 32210				



Broward Nursing and Rehab Center			Provider Number:	0 226335-00
1330 South Andrew Avenue			Date:	7/24/2013
Ft. Lauderdale FL 33316			Fiscal Year End:	8/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	_ _	Current Rate 221.14	New Rate 224.87	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim Component Settlement based on costs	X	Prospectiv X	ve Total Prospective Prospective Adjusted to	
Prior Provider Prospective data Basis:	Changes	:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective 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	n
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate			L DE	-
Home Office: Millenium Health Systems Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309				



Ocean View Nursing and Rehabilitation Center	Prov	rider Number:	0 226351-00
2810 S. Atlantic Avenue		Date:	7/24/2013
New Smyrna Beach FL 32069	Fisc	al Year End:	1/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 197.85	New Rate 202.44	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	Prospe	Prospective ective Adjusted f Prospective with	for New Costs 1 Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Ratin Usual and Custo Target Rate lim FRVS Change X Rate Semester C	omary Limitatio itation change	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Millenium Health Systems Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309	Medicaid Cost Reim	omas Parker bursement Plani	_



South Heritage Health and Rehabiliation Center		Provider Number:	0 226360-00
718 Lakeview Avenue South		Date:	7/24/2013
St. Petersburg FL 33705		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 218.13	New Rate 221.03	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/2001	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		1-20	
Home Office: 1 - No Home Office			



Treasure Isle Care Center		Provider Number:	0 226602-00
1735 North Treasure Drive		Date:	7/24/2013
North Bay Village FL 33141		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Chaddica [3]
Trovader Types	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	194.02	198.57	7/1/2013
D / D			
Rate Type :			
Interim	X Prospecti		
Total Interim Interim Component		Total Prospective Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		_ rotal rrospective with	camponent
Basis:	Changes:		
	g		
Budget	Licensu	re Rating Change	
X Unaudited costs		nd Customary Limitatio	n
Field audited costs		Rate limitation change	
Field audit - interim portion	FRVS (Change	
Desk audited costs Desk audit - Interim Portion	X Rate Se	mastar Change	
Desk Audit - Prospective portion		mester Change [2] as of 01/01/1997	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent File			-
For information Only	7	120	>
No Change in Rate			
Home Office: 1 - No Home Office			



Fair Havens Center, LLC		Provider Number:	0 227226-00
201 Curtiss Parkway		Date:	7/24/2013
Miami Springs FL 33166		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 159.41	New Rate 160.52	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change I Customary Limitation ate limitation change nange nester Change [2] as of 10/01/1985	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114		Thomas Parker Reimbursement Plant	-



Alpine Health and Rehabilitation Center		Provider Number:	0 227251-00
3456 21st Avenue South		Date:	7/24/2013
St. Petersburg FL 33711		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 223.27	New Rate 225.01	Effective Date 7/1/2013
Rate Type:			
Interim	X Prospec		
Total Interim	X	Total Prospective	for Nov. Conta
Interim Component Settlement based on costs		Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data		_ rotal Flospective with	i illieriii Component
Basis:	Changes:		
5.1	Licons	sure Rating Change	
Budget X Unaudited costs		and Customary Limitation	an .
Field audited costs		Rate limitation change)II
Field audit - interim portion		Change	
Desk audited costs		6-	
Desk audit - Interim Portion	X Rate S	emester Change	
Desk Audit - Prospective portion	On FR	V [2] as of 06/01/1989	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid C	Cost Reimbursement Plan	ning and Finance
Permanent File			_
For information Only	1	2020	>
No Change in Rate	•		
Home Office: 1 - No Home Office			
Home Office.			



Wilton Manors Health and Rehab Center		Provider Number:	0 227579-00
2675 North Andrews Ave		Date:	7/24/2013
Wilton Manors FL 33311		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 230.05	New Rate 236.30	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	Pr	otal Prospective rospective Adjusted for the botal Prospective with	for New Costs Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and 0 Target Rate FRVS Cha	Rating Change Customary Limitatio e limitation change nge ster Change	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Greystone Healthcare Manage 4042 Park Oaks Blvd, Suite 306 Tampa FL 33610	Z_nent, LLC	Thomas Parker Reimbursement Plant	



Rockledge NH, LLC		Provider Number:	0 227587-00
587 Barton Blvd.		Date:	7/24/2013
Rockledge FL 32955		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 221.75	New Rate 227.97	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Z	Thomas Parker t Reimbursement Plant	_
Home Office: Greystone Healthcare Manage 4042 Park Oaks Blvd, Suite 300 Tampa FL 33610			



Greenbriar Rehab & Nursing Center		Provider Number:	0 227625-00
210 21st Avenue West		Date:	7/24/2013
Bradenton FL 34205	•	Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 233.87	New Rate 240.02	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		ve Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R	e Rating Change d Customary Limitatio ate limitation change hange nester Change	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plan	_
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:	7/24/2013
St. Petersburg FL 33713		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 214.88	New Rate 221.72	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSattlement based on costs	<u> </u>	e Total Prospective Prospective Adjusted f Total Prospective with	
Settlement based on costs Prior Provider Prospective data Basis:	Changes:	Total Prospective with	Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Usual and Target Ra FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 09/01/1996	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Greystone Healthcare Manager 4042 Park Oaks Blvd, Suite 300 Tampa FL 33610			



North Rehab NH, LLC		Provider Number:	0 227641-00
1301 16th Street North		Date:	7/24/2013
St. Petersburg FL 33705		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 219.27	New Rate 225.65	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	_
Home Office: Greystone Healthcare Manage 4042 Park Oaks Blvd, Suite 300 Tampa FL 33610			



The Oaks NH, LLC		Provider Number:	0 227765-00
3250 SW 41st Place		Date:	7/24/2013
Gainesville FL 32608		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 223.22	New Rate 229.48	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Cl	nester Change	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Greystone Healthcare Manager	Z	Thomas Parker Reimbursement Plant	_
4042 Park Oaks Blvd, Suite 300 Tampa FL 33610			



New Horizon Health & Reh	ab Center			Provider Number:	0 227773-00
635 SE 17th Street				Date:	7/24/2013
Ocala FL 34471				Fiscal Year End:	8/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	- -	Current Rate 235.25	New Rate 241.31	Effective Date 7/1/2013
Interin Settlen	nterim n Component nent based on costs Provider Prospective data	X		re Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited cos Field audit - inte Desk audited cos Desk Audit - Inter Desk Audit - Pro	rim portion ts rim Portion	Changes	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange mester Change	on
Distribution: Contract Management Permanent File For information No Change in R Home Office:	Only Late Greystone Healthcare Manag	gement, LLC		Thomas Parker t Reimbursement Plan	-
	4042 Park Oaks Blvd, Suite 3 Tampa FL 33610	300			



First Coast Health and Rehabilitation Center		Provider Number:	0 227838-00		
7723 Jasper Avenue		Date:	7/24/2013		
Jacksonville FL 32211		Fiscal Year End:	6/30/2012		
		Audit Status:	Unaudited [3]		
Provider Type:		riddit Status.	Chadated [5]		
J.F.	Current	New	Effective		
	Rate	Rate	Date		
Nursing Home Single Level	201.26	196.14	7/1/2013		
Rate Type :					
Interim	X Prospectiv	ī A			
Total Interim		Total Prospective			
Interim Component	Prospective Adjusted for New Costs				
Settlement based on costs		Total Prospective with			
Prior Provider Prospective data					
Basis:	Changes:				
	Licensur	e Rating Change			
Budget X Unaudited costs		•	n		
Field audited costs	Usual and Customary Limitation Target Rate limitation change				
Field audit - interim portion	FRVS Change				
Desk audited costs		C			
Desk audit - Interim Portion	X Rate Sen	nester Change			
Desk Audit - Prospective portion	On FRV	[2] as of 05/01/1989			
<u>Distribution:</u>		Thomas Parker			
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance		
Permanent File			-		
For information Only	-7	L-DE	>		
No Change in Rate	~_				
Home Office: 1 - No Home Office					



Ayers Health & Rehab Center		Provider Number:	0 227871-00
606 NE 7th Street		Date:	7/24/2013
Trenton FL 32693		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 188.41	New Rate 192.77	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	X Prospecti	ve Total Prospective Prospective Adjusted Total Prospective with	
Prior Provider Prospective dat Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual a Target I FRVS C X Rate Se	re Rating Change and Customary Limitation Rate limitation change Change mester Change 7 [2] as of 01/01/2000	on
<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	e de	
Home Office: Health Services Mgt Preston Sweeney 206 Fortress Blvd. Murfreesboro TN 371			



North Beach Nursing & Rel	habilitation Center			Provider Number:	0 228001-00
2201 N.E. 170th Street				Date:	7/24/2013
North Miami Beach FL 331	60			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 250.59	New Rate 257.11	Effective Date 7/1/2013
Rate Type :					
Interim		X	Prospectiv	ve .	
Total 1	Interim		X	Total Prospective	
Interin	n Component			Prospective Adjusted	for New Costs
Settler	nent based on costs			Total Prospective with	Interim Component
Prior F	Provider Prospective data				
Basis:		Change	es:		
Budget			Licensur	e Rating Change	
X Unaudited costs			Usual an	d Customary Limitatio	on
Field audited cos	its		Target R	ate limitation change	
Field audit - inte	rim portion		FRVS C	hange	
Desk audited cos					
Desk audit - Inter		X	Rate Sen	nester Change	
Desk Audit - Pro	spective portion				_
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					C
For information	Only		7	L-20	>
No Change in R	Rate		~_		
Home Office:	Greystone Healthcare Mana	agement, LLC			
	4042 Dorle Oolea Dland Code	200			
	4042 Park Oaks Blvd, Suite Tampa FL 33610	300			
	Tampa PL 33010				



The Gardens Court		Provider Number:	0 228320-00
3803 PGA Boulevard		Date:	7/24/2013
Palm Beach Gardens FL 33410		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 232.61	New Rate 238.02	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Pr	otal Prospective rospective Adjusted f otal Prospective with	for New Costs Interim Component
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Rate FRVS Cha X Rate Seme	Rating Change Customary Limitatio e limitation change unge ster Change 2] as of 03/13/1997	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost I	Reimbursement Plani	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	L DE	·
Home Office: Life Care Centers Of A Doug Ruth 3570 NW Keith Street Cleveland TN 37320	America		



Life Care Center of Melbourne			Provider Number:	0 228338-00
606 East Sheridan Street			Date:	7/24/2013
Melbourne FL 32901			Fiscal Year End:	2/29/2012
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level	_	201.60	206.75	7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X	Prospectiv X	re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes	:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 02/01/1990	on
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	M		t Reimbursement Plan	_
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320				



Park Ridge Nursing Center				Provider Number:	0 228401-00
730 College Street			Date:		7/24/2013
Jacksonville FL 32204				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 184.17	New Rate 188.50	Effective Date 7/1/2013
Settlen Prior P	nterim n Component nent based on costs rovider Prospective data	X	Prospectiv X	re Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Inter Desk Audit - Pros	rim portion ss im Portion	Changes:	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/1987	on
Distribution: Contract Management Permanent File For information No Change in R Home Office:	Only	Me		Thomas Parker t Reimbursement Plant	
nome office.	Ivonne Burrell 2380 Sadler Road Suite 201 Fernandina Beach FL 32034				



Bear Creek Nursing Center				Provider Number:	0 228567-00
8041 State Road 52				Date:	7/24/2013
Hudson FL 34667				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	_	Current Rate 187.81	New Rate 192.18	Effective Date 7/1/2013
Settlen Prior P	nterim n Component nent based on costs rovider Prospective data	X	Prospectiv X	ve Total Prospective Prospective Adjusted total Prospective with	
Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Inter Desk Audit - Pros	rim portion ts rim Portion	Changes	Licensur Usual an Target R FRVS C	re Rating Change and Customary Limitation ate limitation change change mester Change [2] as of 01/01/2000	on
Distribution: Contract Management Permanent File For information No Change in R Home Office:	Only	Mo		Thomas Parker at Reimbursement Plans	



Royal Oak Nursing Center				Provider Number:	0 228575-00
37300 Royal Oak Lane				Date:	7/24/2013
Dade City FL 33525				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Le	vel		Current Rate	New Rate 205.92	Effective Date 7/1/2013
Rate Type : InterimTotal InterimInterim ComposeSettlement basePrior Provider F	d on costs			e Total Prospective Prospective Adjusted i Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective p	on	Changes: X	Usual and Target R FRVS Cl	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/2000	on
Distribution:				Thomas Parker	
Home Office.	Services Mgt., Inc. Sweeney	Med		t Reimbursement Plan	
206 For	rtress Blvd. esboro TN 37128				



Heather Hill Nursing Home				Provider Number:	0 228591-00
6630 Kentucky Avenue				Date:	7/24/2013
New Port Richey FL 34653				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single	Level		Current Rate 201.30	New Rate 206.50	Effective Date 7/1/2013
Prior Provi				re Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim p Desk audited costs Desk audit - Interim P Desk Audit - Prospect	Portion	Changes: X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange mester Change [2] as of 10/01/1985	on
Distribution:				(F) D I	
Contract Management / Fis Permanent File For information Only No Change in Rate	-	Med		Thomas Parker t Reimbursement Plans	
200	eston Sweeney 5 Fortress Blvd. urfreesboro TN 37128				



The Inn at Sarasota Bay Club	Provider Number: 0 228621-00
1303 N Tamiami Trail	Date: 7/24/2013
Sarasota Fl 34236	Fiscal Year End: 12/31/2011
	Audit Status: Unaudited [3]
Provider Type:	Addit Status. Onaddied [5]
	Current New Effective
	Rate Rate Date
Nursing Home Single Level	<u>252.39</u> <u>256.63</u> <u>7/1/2013</u>
Rate Type: Interim Total Interim Interim Component Settlement based on costs	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Prior Provider Prospective data Basis:	Changes:
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 06/20/2001
Distribution:	Thomas Parker
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent FileFor information OnlyNo Change in Rate	ze ze
Home Office: 1 - No Home Office	



Winter Haven Health and Rehab Center		Provider Number:	0 228702-00
202 Avenue O North East		Date:	7/24/2013
Winter Haven FL 33881		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		110010 200005	
••	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	183.87	<u> 182.74</u>	7/1/2013
Rate Type: Interim Total Interim Interim Commonent		Total Prospective	for Naw Costs
Interim Component		Prospective Adjusted	
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/2001	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	_
Home Office: 1 - No Home Office			



Woodland Terrace of Citrus County		Provider Number:	0 228711-00
124 W. Norvell Bryant Hwy		Date:	7/24/2013
Hernando FL 34442		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 168.25	New Rate 169.63	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospect	tive Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual a Target FRVS X Rate S	ure Rating Change and Customary Limitatio Rate limitation change Change emester Change V [2] as of 07/12/2001	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid C	ost Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		el ze	
Home Office: SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114	,		



East Ridge Retirement Village, Inc.		Provider Number:	0 228788-00
19301 SW 87th Avenue		Date:	7/24/2013
Miami Fl 33157		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	- Chaddica [3]
1101Me1 1, per	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	228.79	235.44	7/1/2013
Rate Type :			
Interim	X Prospectiv	7A	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 07/12/2001	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			-
For information Only	7	L-20	>
No Change in Rate	2_	EL	
Home Office: 1 - No Home Office			



Cypress Cove Care Center				Provider Number:	0 228940-00
700 SE 8th Avenue				Date:	7/24/2013
Crystal River FL 34429				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	gle Level		Current Rate 193.59	New Rate 198.08	Effective Date 7/1/2013
Settlem	nterim Component ent based on costs rovider Prospective data	X		re Total Prospective Prospective Adjusted f Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited costs Field audit - interi Desk audited costs Desk Audit - Interi Desk Audit - Pros	m portion s m Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/01/2000	n
Distribution:				Thomas Parker	
Contract Management / Permanent File For information O No Change in Ra	Only	Med		t Reimbursement Plan	-
Home Office:	Health Services Mgt., Inc. Preston Sweeney 206 Fortress Blvd. Murfreesboro TN 37128				



Brooksville Healthcare Center		Provider Number:	0 228958-00
1114 Chatman Boulevard		Date:	7/24/2013
Brooksville FL 34601		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 194.17	New Rate 199.08	Effective Date 7/1/2013
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospecti X	ve 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	Usual ar Target F FRVS C X Rate Sei	re Rating Change and Customary Limitation Rate limitation change Change mester Change [2] as of 01/01/2000	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker st Reimbursement Plans	-
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:	7/24/2013
Leesburg FL 34748		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 201.39	New Rate 206.59	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 08/17/1990	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LRE	-
Home Office: Russ Bellora 6737 W Washington Street Milwaukee WI 53214			



Sylvan Health Center				Provider Number:	0 229164-00
2770 Regency Oaks Blvd.				Date:	7/24/2013
Clearwater FL 33759				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 209.91	New Rate 215.73	Effective Date 7/1/2013
Settlem	nterim n Component nent based on costs trovider Prospective data	X		re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Tovider Prospective data	Changes:			
Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Inter Desk Audit - Pros	rim portion as im Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/07/1991	n
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Med	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor informationNo Change in R	•			L-DE	-
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214				



Shell Point Pavilion	Provider Number:	0 229202-00
15000 Shell Point Boulevard	Date:	7/24/2013
Ft. Myers Fl 33908	Fiscal Year End:	6/30/2012
	Audit Status:	Unaudited [3]
Provider Type:	1 20010 2 00000	
• •	Current New	Effective
N	Rate Rate	Date
Nursing Home Single Level	206.69 211.39	7/1/2013
Rate Type:	X Prospective	
Total Interim	X Total Prospective	
Interim Component	Prospective Adjusted	for New Costs
Settlement based on costs	Total Prospective wit	h Interim Component
Prior Provider Prospective data		
Basis:	Changes:	
Budget X Unaudited costs Field audited costs Field audit - interim portion	Licensure Rating Change Usual and Customary Limitati Target Rate limitation change FRVS Change	on
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semester Change On FRV [2] as of 03/28/2001	
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Plan	nning and Finance
Permanent FileFor information OnlyNo Change in Rate	2126	
Home Office: 1 - No Home Office		



Gainesville Health Care Center		Provider Number:	0 229288-00
1311 SW 16th Street		Date:	7/24/2013
Gainesville FL 32608		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 211.27	New Rate 216.20	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/1985	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		t Reimbursement Plani	
Home Office: Council on Aging of Florida, In 1311 SW 16th Street Gainesville FL 32608	nc.		



Lake View Care Center at Delray		Provider Number:	0 229610-00
5430 Linton Blvd		Date:	7/24/2013
DelRay Beach FL 33484		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		110010 210000	
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	215.06	222.73	7/1/2013
Rate Type :			
	V Droomaativ		
Interim Total Interim	Y Prospectiv	Total Prospective	
Interim Component		Prospective Adjusted to	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensure	e Rating Change	
X Unaudited costs		d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS CI	hange	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 09/01/2000	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File			_
For information Only	7	L-20	>
No Change in Rate	_	- EL	
Home Office: 1 - No Home Office			



Menorah House	Provider Number:	0 229628-00
9945 Central Park Blvd	Date:	7/24/2013
Boca Raton FL 33428	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 218.27 224.50	Effective Date 7/1/2013
Rate Type :		
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted Total Prospective wit	for New Costs h Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitati Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 10/01/1990	on
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medicaid Cost Reimbursement Plan	



Alexander Nininger State Veterans' Nursing Home		Provider Number:	0 229849-00
8401 West Cypress Drive		Date:	7/24/2013
Pembroke Pines Fl 33025		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 228.99	New Rate 232.68	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	P	Total Prospective Prospective Adjusted to the Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch X Rate Seme	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 09/06/2001	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		1-20	
Home Office: Florida Dept. of Veterans Affa Walter Gilchrist 11351 Ulmerton Road, Room 3 Largo Fl 33778-1630			



HIALEAH SHORES NURSING AND REHAB CENTE		Provider Number:	0 250988-00
8785 NW 32 AVE		Date:	7/24/2013
Miami FL 33147		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 239.00	New Rate 241.93	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospecti	ve Total Prospective Prospective Adjusted a Total Prospective with	
Budget X Unaudited costs		re Rating Change nd Customary Limitatio	on.
Field audited costs	Target 1	Rate limitation change	
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		Change mester Change / [2] as of 02/01/1993	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	IL 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:	7/24/2013
Winter Haven FL 33884		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	- Chaudica [3]
17 por	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	194.32	191.54	7/1/2013
Rate Type:			
Interim	X Prospectiv		
Total Interim		Total Prospective	
Interim Component Settlement based on costs		Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data		Total Flospective with	i internii Component
	CI		
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 11/01/1999	
Distribution:	OllTRV	Thomas Parker	
Contract Management / Fiscal Agent	Madianid Con		ning and Einenen
Permanent File	Medicaid Cos	t Reimbursement Plan	ning and rmance
For information Only	7	120	>
No Change in Rate	~		
Home Office: 1 - No Home Office			
Home Office.			



Concordia Manor		Provider Number:	0 251666-00
321 13th Avenue North		Date:	7/24/2013
St. Petersburg FL 33701		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Taudat Status	
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	191.60	195.88	7/1/2013
Rate Type: InterimTotal InterimInterim Component Settlement based on costs		e Total Prospective Prospective Adjusted Total Prospective with	
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Usual and Target R: FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/2001	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		120	_
Home Office: 1 - No Home Office			



V7.016.1.2:HDY8M

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

Oakhurst Care & Rehabilitation Center			Provider Number:	0 251721-00
1501 SE 24th Road			Date:	7/24/2013
Ocala FL 34471			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 202.47	New Rate 201.01	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on componentPrior Provider Prospe	eosts	I	e Fotal Prospective Prospective Adjusted to Fotal Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion		Usual and Target Ra FRVS Ch	Rating Change I Customary Limitation Ite limitation change I hange I can be considered the constance I can b	n
Home office.			Thomas Parker Reimbursement Plant	



V7.016.1.2:HDY8M

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

Bradford Terrace, LLC		Provider Number:	0 251739-00
808 S. Colley Road		Date:	7/24/2013
Starke FL 32091		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 162.70	New Rate 166.48	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 06/30/1992	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114	Z	Thomas Parker t Reimbursement Plant	



Avante at Melbourne		Provider Number:	0 252018-00
1420 South Oak Street		Date:	7/24/2013
Melbourne FL 32901		Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 234.37	New Rate 240.16	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	1	e Fotal Prospective Prospective Adjusted for all Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	Rating Change I Customary Limitation the limitation change hange ester Change [2] as of 04/01/1992	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 5 Hollywood FL 33021-6744	540-N		



Avante at Ormond Beach		Provider Number:	0 252034-00
170 North Kings Road		Date:	7/24/2013
Ormond Beach FL 32807		Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 221.12	New Rate 227.00	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	1	e Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change I Customary Limitation ate limitation change nange hester Change [2] as of 04/01/1992	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 5 Hollywood FL 33021-6744	Z	Thomas Parker Reimbursement Plant	



Avante at Mt. Dora		Provider Number:	0 252042-00
3050 Brown Avenue		Date:	7/24/2013
Mount Dora FL 32757		Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 214.52	New Rate 219.51	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data]	e Fotal Prospective Prospective Adjusted for the control of the	
Budget	Changes:	e Rating Change	
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	l Customary Limitation te limitation change	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Reimbursement Plans	-
Home Office: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 5 Hollywood FL 33021-6744	540-N		



Pinebrook Care & Rehabilita	ation Center			Provider Number:	0 252662-00
1240 Pinebrook Road				Date:	7/24/2013
Venice FL 34292				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 220.82	New Rate 214.59	Effective Date 7/1/2013
Settlem	nterim Component nent based on costs rovider Prospective data	X		ve Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	-	Changes:			
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk Audit - Interi Desk Audit - Pros	im portion s im Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/2005	n
Distribution:				Thomas Parker	
Contract Management Permanent File	/ Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in R	-		Z	L De	· —
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



Palms of Sebring				Provider Number:	0 252671-00
725 South Pine Street				Date:	7/24/2013
Sebring FL 33870				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sir	ngle Level		Current Rate 192,28	New Rate 196.69	Effective Date 7/1/2013
Settlem	nterim Component nent based on costs rovider Prospective data	X		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	1	Changes:			
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk audit - Inter Desk Audit - Pros	im portion s im 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	n
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Me	dicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File For information No Change in R	•			L DE	-
Home Office:	Covington Senior Living, LLC Ted McMullen 1175 Peachtree Street Atlanta GA				



Orchard Ridge Care & Rehabilitation Center		Provider Number:	0 252689-00
4927 Voorhees Road		Date:	7/24/2013
New Port Richey FL 34653		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 208.85	New Rate 213.68	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	I	e Fotal Prospective Prospective Adjusted to Fotal Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	Rating Change I Customary Limitatio te limitation change tange ester Change	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109		Thomas Parker Reimbursement Plant	_



Springwood Care & Rehabilitation Center		Provider Number:	0 253014-00
4602 Northgate Court		Date:	7/24/2013
Sarasota FL 34234	<u> </u>	Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 213.16	New Rate 200.92	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	F	e Fotal Prospective Prospective Adjusted for all Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	Rating Change Customary Limitatio te limitation change ange ester Change 2] as of 01/01/2005	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Z	Thomas Parker Reimbursement Plant	
Home Office: Sun Healthcare Group, In Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109			



Southern Oaks Health Care		Provider Number:	0 253146-00
3855 Old Canoe Creek Road		Date:	7/24/2013
St. Cloud FL 34769		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onaudited [5]
Trovider Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	195.20	186.65	7/1/2013
Rate Type :			
Interim	X Prospectiv		
Total Interim	<u>X</u>	Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitation	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion			
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			
For information Only	7	L-DE	>
No Change in Rate	2_		
Home Office: 1 - No Home Office			
Home Office.			



The Palms At Park Place		Provider Number:	0 253421-00
221 Park Place Blvd.		Date:	7/24/2013
Kissimmee FL 34741		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	enadated [5]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	191.44	195.94	7/1/2013
Rate Type:Interim	X Prospectiv		
Total Interim		Total Prospective	for Now Costs
Interim Component Settlement based on costs		Prospective Adjusted : Total Prospective with	
Prior Provider Prospective data		Total Prospective with	i intermi Component
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/13/1994	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		-20	_
Home Office: 1 - No Home Office			



Sunset Point Care & Rehabil	litation Center			Provider Number:	0 253430-00
1980 Sunset Point Road				Date:	7/24/2013
Clearwater FL 33765				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 193.49	New Rate 192.59	Effective Date 7/1/2013
Settlem	nterim a Component nent based on costs rovider Prospective data	X		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk Audit - Interi Desk Audit - Pros	im portion s im 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	n
Distribution:				Thomas Parker	
Contract Management	-	Me		t Reimbursement Plan	
For information No Change in Ra	-		Z	L DE	» —
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



Bay Tree Care & Rehabilitation Center			Provider Number:	0 253448-00
2600 Highlands Boulevard, North			Date:	7/24/2013
Palm Harbor FL 34684			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 209.54	New Rate 207.00	Effective Date 7/1/2013
Rate Type :				
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u>X</u>		re Total Prospective Prospective Adjusted f 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	Changes:	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/01/2007	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109	Med		Thomas Parker t Reimbursement Plant	



Hawthorne Health and Rehab of Ocala		Provider Number:	0 253456-00
4100 S.W. 33rd Avenue		Date:	7/24/2013
Ocala FL 32674		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 204.41	New Rate 198.77	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		re Total Prospective Prospective Adjusted : Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 03/04/1988	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	L DE	· -
Home Office: 1 - No Home Office			



West Bay Care & Rehabilit	ration Center			Provider Number:	0 253464-00
3865 Tampa Road				Date:	7/24/2013
Oldsmar FL 34677				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Si	ngle Level	_	212.66	200.92	7/1/2013
Interin	Interim n Component	X	Prospectiv X	Total Prospective Prospective Adjusted	
	ment based on costs Provider Prospective data			Total Prospective with	Interim Component
Basis:		Changes	:		
Budget X Unaudited costs Field audited cost Field audit - inte Desk audited cost Desk Audit - Inte Desk Audit - Pro	erim portion sts rim Portion	X	Usual an Target R FRVS C Rate Ser	re Rating Change and Customary Limitation ate limitation change change mester Change [2] as of 10/01/1998	n
Distribution:				Thomas Parker	
Permanent File For information	Only	M		st Reimbursement Plan	
No Change in F			5383		
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



Forum at Deer Creek		Provider Number:	0 253481-00
3001 Deer Creek Blvd		Date:	7/24/2013
Deerfield Beach FL 33442		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 253.77	New Rate 249.81	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	F	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	Usual and Target Ra FRVS Ch X Rate Seme	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 06/04/1990	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: FiveStar Quality Care Inc 400 Centre Street Newton MA 02458	Medicaid Cost	Thomas Parker Reimbursement Plant	_



EDEN SPRINGS NURSING & REHABILITATION C		Provider Number:	0 253707-00
4679 Crawfordville Highway		Date:	7/24/2013
Crawfordville FL 32326		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 227.85	New Rate 227.93	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospect X	ive Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual a Target : FRVS 0	re Rating Change and Customary Limitatio Rate limitation change Change mester Change [7] 2] as of 10/01/1985	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		ost Reimbursement Plans	
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:	7/24/2013
Miami FL 33136		Fiscal Year End:	2/28/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 243.34	New Rate 248.97	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospecti X	ve Total Prospective Prospective Adjusted for Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target F FRVS C X Rate Ser	re Rating Change and Customary Limitatio Rate limitation change Change mester Change 7 [2] as of 07/26/2002	n
Distribution:		751 D. I	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker st Reimbursement Plans	-
Home Office: Hebrew Home Management Steve Beaujon 1800 NE 168th Street, Suite 2 Miami Beach FL 33162			



V7.016.1.2:HDY8M

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

Manor Pines Convalescent Center, LLC	F	Provider Number:	0 254177-00
1701 NE 26th Street		Date:	7/24/2013
Ft. Lauderdale FL 33305		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 206.69	New Rate 208.48	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim Component Settlement based on costs	Pro	tal Prospective espective Adjusted f tal Prospective with	For New Costs Interim Component
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and C Target Rate FRVS Chan X Rate Semest		n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only		eimbursement Plani	-
No Change in Rate		C-200	
Home Office: 1601 Management, L Sally Bolen 1701 N.E. 26th Street Wilton Manors FL 33:			



Arch Plaza Nursing & Rehal	bilitation Center			Provider Number:	0 254291-00
12505 NE 16th Avenue				Date:	7/24/2013
North Miami FL 33161				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sir	ngle Level		Current Rate 258.25	New Rate 250.13	Effective Date 7/1/2013
Settlem	nterim n Component nent based on costs rovider Prospective data	<u>x</u>		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk Audit - Inter Desk Audit - Pros	im portion s im Portion	X	Usual and Target R FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 05/01/1996	n
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Me	dicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File For information No Change in R	·			L DE	
Home Office:	Hebrew Home Management So Steve Beaujon 1800 NE 168th Street, Suite 200 Miami Beach FL 33162				



Wrights Healthcare & Rehabilitation Center	Provider Number: 0 254762-00
11300 110th Ave. North	Date: 7/24/2013
Seminole FL 33778	Fiscal Year End: 12/31/2011
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 210.49 216.11 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Basis:	Changes:
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 05/21/2002
Distribution:	Thomas Parker
Contract Management / Fiscal Agent Permanent FileFor information Only	Medicaid Cost Reimbursement Planning and Finance
No Change in Rate	
Home Office: KR Management 3500 Oak Manor Lane Largo FL 33774	



EdgeWood Nursing Center	Pro	ovider Number:	0 254878-00
1771 Edgewood Avenue West		Date:	7/24/2013
Jacksonville FL 32208	 Fi	scal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 197.33	New Rate 202.49	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	Prosp	l Prospective pective Adjusted f l Prospective with	For New Costs Interim Component
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Target Rate li FRVS Change X Rate Semester	stomary Limitatio mitation change e	n
Distribution:	T	homas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Rei		
Home Office: Putnam Council, Inc. 16 Norcross Street Roswell GA 30075			



Woodlands Care Center of Alachua County			Provider Number:	0 255572-00
7207 SW 24th Avenue	_ _		Date:	7/24/2013
Gainesville Fl 32607	_		Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:			Tadit Status	
••		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		164.63	166.97	7/1/2013
Rate Type: Interim Total Interim Interim Component	X	Prospectiv X	Total Prospective Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data Basis:	Change	es:	Total Prospective with	Timerini Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 06/27/2002	on
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate			L DE	_
Home Office: SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village C Daytona Beach FL 32114	Sircle			



Diamond Ridge Health & Rehabilitation Center		Provider Number:	0 256269-00
2730 W. Marc Knighton Court		Date:	7/24/2013
Lecanto FL 34461		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 209.90	New Rate 215.74	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		re Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Sen	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 06/23/1989	on
<u>Distribution:</u>		Thomas Doubas	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plan	
Home Office: Summit Care II, Inc Guy Farmer 2851 Remington Green Circle Tallahassee FL 32308	, Ste. D		



Surrey Place Convalescent Center of Bradenton		Provider Number:	0 256277-00
5525 21st Avenue West		Date:	7/24/2013
Bradenton FL 34209		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 230.34	New Rate 234.72	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 02/08/1989	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plant	
Home Office: Summit Care II, Inc Guy Farmer 2851 Remington Green Circle, Tallahassee FL 32308	Ste. D		



Lakeside Nursing & Rehabilitation Center		Provider Number:	0 256757-00
11411 Armsdale Road		Date:	7/24/2013
Jacksonville FL 32218		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 195.35	New Rate 203.01	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospecti	ve 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	Usual a Target I FRVS 0 X Rate Se	re Rating Change nd Customary Limitatio Rate limitation change Change mester Change 7 [2] as of 01/21/1998	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker st Reimbursement Plans	
Home Office: Health Care Managers, Inc Ivonne Burrell 2380 Sadler Road Suite 201 Fernandina Beach FL 32034			



Lakeside Pavillion Care & Re	ehabilitation Center			Provider Number:	0 256846-00
2900 Twelfth Street				Date:	7/24/2013
Naples FL 33940				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sing	gle Level	_	Current Rate 205.31	New Rate 201.72	Effective Date 7/1/2013
Settleme Prior Pro	terim Component ent based on costs ovider Prospective data	<u>X</u>	Prospectiv X	re Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interin Desk audited costs Desk audit - Interin Desk Audit - Prosp	m portion m Portion	Changes:	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/01/2005	on
Distribution:	r			Thomas Parker	
Contract Management /	Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information C No Change in Ra	-		Z	L DE	·
	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



Manor Oaks Nursing & Rehab Center		Provider Number:	0 256935-00
2121 E. Commercial Blvd.		Date:	7/24/2013
Ft. Lauderdale FL 33308		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 211.65	New Rate 214.78	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs		re Total Prospective Prospective Adjusted f Total Prospective with	
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 12/01/2002	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only		t Reimbursement Plan	
No Change in Rate	2	L-DE	
Home Office: 1601 Management, LLC. Sally Bolen 1701 N.E. 26th Street Wilton Manors FL 33305			



PG of Port St Lucie	_			Provider Number:	0 257249-00
1751 Hillmoor Drive				Date:	7/24/2013
Port St. Lucie FL 34952				Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home Si	ngle Level	<u>-</u>	193.77	194.59	7/1/2013
	Interim n Component	X	_ Prospectiv	ve Total Prospective Prospective Adjusted	for New Costs
	ment based on costs Provider Prospective data			Total Prospective with	Interim Component
Basis:		Changes	S:		
Budget X Unaudited costs Field audited cost Field audit - inte Desk audited cost Desk Audit - Inte Desk Audit - Pro	erim portion sts rim Portion	X	Usual an Target R FRVS C Rate Ser	re Rating Change and Customary Limitation at limitation change Thange Thange Thange [2] as of 02/25/1988	on
<u>Distribution:</u>				Thomas Parker	
Contract Managemen Permanent File	t / Fiscal Agent	N	Iedicaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in I	•		Z	L DE	>
Home Office:	Cypress Administrative Serv Eric Martin 4 West Red Oak Lane, Suite White Plains NY 10604				



PG of West Palm Beach		Provider Number:	0 257257-00
300 EXECUTIVE CENTER DRIVE		Date:	7/24/2013
West Palm Beach FL 33401		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 203.74	New Rate 191.08	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 04/20/1988	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Cypress Administrative Servi Eric Martin 4 West Red Oak Lane, Suite 2 White Plains NY 10604			



PG of Gainesville		Provider Number:	0 257265-00
227SW 62nd Boulevard		Date:	7/24/2013
Gainesville FL 32607		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 195.13	New Rate 186.18	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	1	e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change I Customary Limitation I Customary Limitation I Change I Change I Change I Sof 08/01/1999	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Cypress Administrative Servi Eric Martin 4 West Red Oak Lane, Suite 2 White Plains NY 10604			



PG of Jacksonville		Provider Number:	0 257273-00
5275 Spring Park Road		Date:	7/24/2013
Jacksonville FL 32216		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 203.50	New Rate 194.54	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospectiv	re Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 03/14/1990	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Cypress Administrative Server Eric Martin 4 West Red Oak Lane, Suite	ces, LLC	Thomas Parker t Reimbursement Plant	



PG of Ocala		Provider Number:	0 257290-00
2700 SW 34th Street		Date:	7/24/2013
Ocala FL 34474		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 197.51	New Rate	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs	Usual and	e Rating Change d Customary Limitatio ate limitation change	on.
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	FRVS CI	=	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information Only No Change in Rate	Z	L DE	· —
Home Office: Cypress Administrative Service Eric Martin 4 West Red Oak Lane, Suite 20 White Plains NY 10604			



PG of Orlando		Provider Number:	0 257303-00
654 East Econlockhatchee Trail		Date:	7/24/2013
Orlando FL 32825		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tradit Status.	enaution [e]
	Current	New	Effective
N II C' I	Rate	Rate	Date
Nursing Home Single Level	196.41	<u>198.49</u>	7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 09/21/1987	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Cypress Administrative Service Eric Martin 4 West Red Oak Lane, Suite 20 White Plains NY 10604			



PG of Vero Beach		Provider Number:	0 257311-00
1755 37th Street		Date:	7/24/2013
Vero Beach FL 32960		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	- Chadated [3]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	193.44	186.41	7/1/2013
Rate Type :			
Interim	X Prospectiv	re	
Total Interim	X	Total Prospective	
Interim Component		Prospective Adjusted to	for New Costs
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	n
Field audited costs	Target R	ate limitation change	
Field audit - interim portion	FRVS CI	hange	
Desk audited costs		~	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 11/25/1987	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File	Medicald Cos	i remioursement i idili	ming and I mallee
For information Only	7	L-20	>
No Change in Rate	_		
Home Office: Cypress Administrative Service	es, LLC		
Eric Martin			
4 West Red Oak Lane, Suite 20	1		
White Plains NY 10604			



PG of Winter Haven				Provider Number:	0 257320-00
1120 Cypress Garden Boulevard				Date:	7/24/2013
Winter Haven FL 33884				Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:				riddit Status.	Chadanea [5]
			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home Single I	∠evel		195.85	185.58	7/1/2013
Rate Type : Interim Total Interim Interim Comp	ponent	X		Total Prospective Prospective Adjusted to	
Settlement ba Prior Provide Basis:	r Prospective data	Changes		Total Prospective with	Thierini Component
Budget X Unaudited costs Field audited costs Field audit - interim porture description of the porture of the	rtion	X	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/09/1987	n
Distribution:				Thomas Parker	
Contract Management / Fisca	ıl Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information Only No Change in Rate		-1-		120	-
Eric 4 We	ress Administrative Service Martin est Red Oak Lane, Suite 20 e Plains NY 10604				



Citrus Health and Rehabilitation Center		Provider Number:	0 257419-00
701 Medical Court East		Date:	7/24/2013
Inverness FL 34452		Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 222.00	New Rate 223.95	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective da		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/29/1994	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	L DE	·
Home Office: Provident Resources 5565 Bankers Ave. Baton Rouge LA 708	•		



PG of Clearwater		Provider Number:	0 257460-00
3480 McMullen Booth Road		Date:	7/24/2013
Clearwater FL 33761		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	- Chaudited [5]
110111111111111111111111111111111111111	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	222.69	199.72	7/1/2013
Rate Type: Interim	X Prospectiv	re	
Total Interim	X	Total Prospective	
Interim Component		Prospective Adjusted to	
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs	Usual and	d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs	D . C	. CI	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 09/18/1987	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File			
For information Only	7	L DE	>
No Change in Rate		- EL	
Home Office: Cypress Administrative Service Eric Martin 4 West Red Oak Lane, Suite 201 White Plains NY 10604			



PG of Largo				Provider Number:	0 257478-00
10500 Starkey Road				Date:	7/24/2013
Largo FL 33777				Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Singl	e Level		Current Rate 216.25	New Rate 201.14	Effective Date 7/1/2013
		X		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim Desk audited costs Desk audit - Interim Desk Audit - Prospec	Portion	X	Usual and Target Ra FRVS Cl	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/31/1987	n
Distribution:				Thomas Parker	
Contract Management / Fi	iscal Agent	Med	licaid Cos	t Reimbursement Plans	ning and Finance
Permanent File For information On No Change in Rate	•			LDE	-
Ei 4	Cypress Administrative Service ric Martin West Red Oak Lane, Suite 20 Thite Plains NY 10604				



PG of North Miami		Provider Number:	0 257494-00
21251 East Dixie Highway		Date:	7/24/2013
Aventura FL 33180		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 219.05	New Rate 209.32	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted i Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Cl	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 07/13/1988	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plant	
Home Office: Cypress Administrative Seric Martin 4 West Red Oak Lane, Suite White Plains NY 10604			



PG of Pinellas		Provider Number:	0 257508-00
200 16th Avenue SE		Date:	7/24/2013
Largo FL 33771		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 209.91	New Rate 201.31	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	,	e Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change I Customary Limitation ate limitation change hange hester Change [2] as of 06/25/1991	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker Reimbursement Plant	-
Home Office: Cypress Administrative Service Eric Martin 4 West Red Oak Lane, Suite 20 White Plains NY 10604			



PG of Sun City		Provider Number:	0 257516-00
3850 Upper Creek Drive		Date:	7/24/2013
Sun City Center FL 33573		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 208.35	New Rate 204.41	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	1	e Fotal Prospective Prospective Adjusted f Fotal Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change I Customary Limitation ate limitation change nange ester Change [2] as of 06/01/1991	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Cypress Administrative Service Eric Martin 4 West Red Oak Lane, Suite 20 White Plains NY 10604	Zees, LLC	Thomas Parker Reimbursement Plant	-



V7.016.1.2:HDY8M

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

PG of Tampa		Provider Number:	0 257524-00
3612 138th Avenue		Date:	7/24/2013
Tampa FL 33613		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 213.74	New Rate 203.96	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	1	e Fotal Prospective Prospective Adjusted f Fotal Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change I Customary Limitation ate limitation change nange ester Change [2] as of 07/01/1990	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Cypress Administrative Service Eric Martin 4 West Red Oak Lane, Suite 20 White Plains NY 10604	es, LLC	Thomas Parker Reimbursement Plant	-



	nd Rehabilitation Center			Provider Number:	0 258342-00
3500 Oak Manor Lane				Date:	7/24/2013
Largo FL 33774				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 199.86	New Rate 204.54	Effective Date 7/1/2013
Rate Type :					
Interim		X	Prospectiv	WA.	
	al Interim		$-\frac{1108pectr.}{X}$	Total Prospective	
	erim Component			Prospective Adjusted	for New Costs
	tlement based on costs			Total Prospective with	
	or Provider Prospective data			•	•
Basis:		Changes	S:		
5.1			Licensus	ra Pating Changa	
Budget X Unaudited cos	, to			re Rating Change and Customary Limitation	
Field audited				tate limitation change	Ш
	nterim portion	-	FRVS C	=	
Desk audited	-		_	and a	
	nterim Portion	X	Rate Ser	nester Change	
Desk Audit - I	Prospective portion		On FRV	[2] as of 08/08/1990	
Distribution:				Thomas Parker	
Contract Managem	ent / Fiscal Agent		ledicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File		11.	reareara co.		ming and I manee
For informat	ion Only		~	e de	>
No Change i	n Rate		~		
Home Office:	KR Management				
	2500 0 1 15				
	3500 Oak Manor Lane				
	Largo FL 33774				



Indigo Manor		1	Provider Number:	0 258750-00
595 Williamson Blvd			Date:	7/24/2013
Daytona Beach FL 32114			Fiscal Year End:	6/30/2012
			Audit Status:	Unaudited [3]
Provider Type:			Addit Status.	Onaudited [3]
-3. For	Cur	rrent	New	Effective
		ate	Rate	Date
Nursing Home Single Level	222	2.51	225.98	7/1/2013
Rate Type: Interim Total Interim	X Pro		tal Prospective	
Interim Component	_		ospective Adjusted	
Settlement based on costs	_	To	tal Prospective wi	th Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
Budget	L	icensure R	ating Change	
X Unaudited costs			Customary Limitat	
Field audited costs		-	limitation change	}
Field audit - interim portion	F	RVS Char	nge	
Desk audited costs			·	
Desk audit - Interim Portion Desk Audit - Prospective portion			ter Change as of 01/01/2001	
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent	Medic	aid Cost R	eimbursement Pla	unning and Finance
Permanent File	1,10010			
For information Only		7	C-26	2
No Change in Rate			- ELE	
Home Office: Fairfax Senior Living Robert Hostler 10387 Main Street, Suite 200 Fairfax VA 22030				



Haven of Our Lady of Peace	Provider Number: 0.2	258831-00
1900 Summit Boulevard	Date: 7	7/24/2013
Pensacola Fl 32503		5/30/2012
		audited [3]
Provider Type: Nursing Home Single Level	Current New Effecting Rate Rate Date 213.40 219.17 7/1/20	ve
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted for New C Total Prospective with Interim C	
Basis:	Changes:	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 11/08/2001	
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Planning and F	⁷ inance
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:	7/24/2013
Lauderhill FL 33319		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 222.47	New Rate 226.06	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	1	e Total Prospective Prospective Adjusted t Total Prospective with	
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change d Customary Limitation the limitation change nange sester Change [2] as of 01/30/2003	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker Reimbursement Plans	
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320	ì		



Lakeview Terrace Skilled Nursing Facility		Provider Number:	0 259225-00
110 Lodge Terrace Drive		Date:	7/24/2013
Altoona FL 32702		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 213.04	New Rate 217.66	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 05/28/1987	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		1-20	-
Home Office: 1 - No Home Office			



UniHealth Post-Acute Care- Santa Rosa		Provider Number:	0 259331-00
5530 Northrop Road		Date:	7/24/2013
Milton FL 32570		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Chaudica [5]
Trovider Types	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	187.11	191.53	7/1/2013
Rate Type:			
Interim	X Prospective		
Total Interim	<u>X</u>	Total Prospective	Carlo Carlo
Interim Component		Prospective Adjusted to Total Prospective with	
Settlement based on costs Prior Provider Prospective data		Total Prospective with	i interim Component
Basis:	Changes:		
Dudget	Licensur	e Rating Change	
Budget X Unaudited costs		d Customary Limitation	ın
Field audited costs		tate limitation change	11
Field audit - interim portion	FRVS C	=	
Desk audited costs			
Desk audit - Interim Portion		nester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 02/13/2003	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File		5 76 94 0 10 10	
For information Only	2	L DE	>
No Change in Rate			
Home Office: 1 - No Home Office			



Life Care Center of New Port Richey			Provider Number:	0 259357-00
7400 Trouble Creek Road	<u> </u>		Date:	7/24/2013
New Port Richey FL 34653	_		Fiscal Year End:	8/31/2012
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		210.73	209.16	7/1/2013
Rate Type: InterimTotal InterimInterim Component Settlement based on costs	X	Prospectiv	re Total Prospective Prospective Adjusted Total Prospective with	
Prior Provider Prospective data Basis:	Change	es:		•
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective 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 02/11/2003	on
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent Permanent File	<u></u>	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only No Change in Rate		Z	l De	
Home Office: Life Care Centers Of Amo Doug Ruth 3570 NW Keith Street Cleveland TN 37320	erica			



The Nursing Center at University Village		Provider Number:	0 259462-00
12250 North 22nd Street		Date:	7/24/2013
Tampa FL 33612		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 213.85	New Rate 218.41	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	X Prospecti X	ve Total Prospective Prospective Adjusted Total Prospective with	
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target F FRVS C X Rate Ser	re Rating Change and Customary Limitation Rate limitation change Change mester Change [2] as of 11/09/1989	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		st Reimbursement Plan	-
Home Office: John A. Mccoy, Inc. Samuel Sanders 3391 Cypress Gardens Road Winter Haven FL 33884			



Hamlin Place		Provider Number:	0 259586-00
2180 Hypoluxo Road		Date:	7/24/2013
Lantana FL 33462		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	- Chaddica [3]
1, po.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	247.36	253.17	7/1/2013
Rate Type :			
Interim	X Prospectiv	7e	
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 Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Sen	nastar Change	
Desk Audit - Prospective portion		nester Change [2] as of 07/01/1995	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			_
For information Only	2	L-DE	>
No Change in Rate	_		
Home Office: 1 - No Home Office			



Avante at St. Cloud	P	rovider Number:	0 259870-00
1301 Kansas Avanue		Date:	7/24/2013
St. Cloud FL 34769	I	Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 216.19	New Rate 221.24	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Pro	al Prospective spective Adjusted 1 al Prospective with	for New Costs Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and C Target Rate FRVS Chan	_	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 5 Hollywood FL 33021-6744	Medicaid Cost Re	Thomas Parker eimbursement Plans	-



Riverfront Nursing and Rehab Center		Provider Number:	0 259942-00
105 15th Street East		Date:	7/24/2013
Bradenton FL 34208		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 221.31	New Rate 223.28	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 07/01/1992	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Council on Aging of Florida, I 1311 SW 16th Street Gainesville FL 32608	nc.		



Sarasota Memorial Nursing & Rehabilitation Facilit		Provider Number:	0 260355-00
5640 Rand Blvd.		Date:	7/24/2013
Sarasota FL 34238		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 220.69	New Rate 217.99	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospectiv	ve Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	l De	· —
Home Office: 1 - No Home Office			



Bridgeview Center, LLC				Provider Number:	0 260371-00
350 South Ridgewood Avenu	ie			Date:	7/24/2013
Ormond Beach FL 32174				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	gle Level		Current Rate 2222.55	New Rate 227.77	Effective Date 7/1/2013
Settlem	nterim Component ent based on costs ovider Prospective data	X		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	ovider Prospective data	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interi Desk audited costs Desk audit - Interi Desk Audit - Pros	m portion m Portion	X	Usual and Target R. FRVS C.	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 07/24/1996	n
Distribution:				Thomas Parker	
Contract Management /	Fiscal Agent	Med	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information (No Change in Ra	•			L DE	
Home Office:	OPIS Management Resources, Jennifer Ziolowski 10150 Highland Manor Drive Tampa FL 33610	LLC			



Bayview Center, LLC		Provider Number:	0 260444-00
301 South Bay Street		Date:	7/24/2013
Eustis FL 32726		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Onudated [3]
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	215.09	220.15	7/1/2013
Rate Type: Interim Total Interim Interim Component	X Prospectiv	Total Prospective	For Naw Coats
Interim Component		Prospective Adjusted to	
Settlement based on costs Prior Provider Prospective data		Total Prospective with	i Interim Component
	Changes		
Basis:	Changes:		
Budget	Licensur	re Rating Change	
X Unaudited costs		nd Customary Limitatio	n
Field audited costs		tate limitation change	
Field audit - interim portion	FRVS C	change	
Desk audited costs Desk audit - Interim Portion	X Rate Ser	mester Change	
Desk Audit - Prospective portion		[2] as of 09/01/1991	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plans	ning and Finance
Permanent File			
For information Only	7	L-DC	>
No Change in Rate	_	- EL	
Home Office: OPIS Management Resources, Jennifer Ziolowski 10150 Highland Manor Drive Tampa FL 33610	LLC		



Ruleme Center, LLC				Provider Number:	0 260452-00
2810 Ruleme Street				Date:	7/24/2013
Eustis FL 32726			Fiscal Year End:		12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	- -	Current Rate 210.57	New Rate 215.73	Effective Date 7/1/2013
Rate Type :					
Interim		X	Prospectiv		
Total I	nterim i Component		<u>X</u>	Total Prospective Prospective Adjusted:	for New Costs
	nent based on costs			Total Prospective with	
	rovider Prospective data			Total Prospective with	· ····································
Basis:		Changes	::		
Budget			Licensur	e Rating Change	
X Unaudited costs			Usual an	d Customary Limitatio	on
Field audited cos	ts	Target Rate limitation change			
Field audit - inter	-	-	FRVS C	hange	
Desk audited cost		- V	_ _{D-4} . G	Cl.	
Desk audit - Inter Desk Audit - Pros		X		nester Change [2] as of 06/01/2011	
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	N	ledicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					-
For information No Change in R			Z	L-DC	>
		TIC			
Home Office:	OPIS Management Resources Jennifer Ziolowski	S, LLC			
	10150 Highland Manor Drive				
	Tampa FL 33610				
	1				



Tierra Pines Center, LLC				Provider Number:	0 260568-00
7380 Ulmerton Road				Date:	7/24/2013
Largo FL 33771				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sir	ngle Level		Current Rate 210.41	New Rate 215.36	Effective Date 7/1/2013
Settlem	nterim Component nent based on costs rovider Prospective data	X		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	-	Changes:			
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk Audit - Inter Desk Audit - Pros	im portion s im Portion		Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/24/1996	on
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Med	licaid Cos	t Reimbursement Plans	ning and Finance
Permanent File For information No Change in R	•			LDE	_
Home Office:	OPIS Management Resources, I Jennifer Ziolowski 10150 Highland Manor Drive Tampa FL 33610	LLC			



Highlands Lake Center, LLC		Provider Number:	0 260576-00
4240 Lakeland Highlands Road		Date:	7/24/2013
Lakeland FL 33813		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 219.99	New Rate 225.37	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		re Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 09/29/1988	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: OPIS Management Resources, Jennifer Ziolowski 10150 Highland Manor Drive Tampa FL 33610	LLC		



Coquina Center, LLC		Provider Number:	0 260649-00
170 N. Center Street		Date:	7/24/2013
Ormond Beach FL 32074		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 227.06	New Rate 232.35	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	X Prospectiv	ve Total Prospective Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited rosts Desk Audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 11/01/1987	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	
Home Office: Jennifer Ziolowski 10150 Highland Manor Drive Tampa FL 33610			



Island Lake Center, LLC		Provider Number:	0 260657-00
155 Landover Place		Date:	7/24/2013
Longwood FL 32750		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 222.18	New Rate 227.40	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	P	otal Prospective rospective Adjusted for the order of the other prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Rat FRVS Cha	Rating Change Customary Limitatio te limitation change ange ester Change 2] as of 04/10/1989	n
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 Plant	_



Indian River Center LLC				Provider Number:	0 260665-00
7201 Greensboro Drive				Date:	7/24/2013
West Melbourne FL 32904				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sing	le Level		Current Rate 222.54	New Rate 227.87	Effective Date 7/1/2013
Settlemen	erim Component nt based on costs vider Prospective data	X		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim Desk audited costs Desk Audit - Interim Desk Audit - Prospe	Portion		Usual and Target R. FRVS C. Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 08/29/1989	n
Distribution:				Thomas Parker	
Contract Management / I	Fiscal Agent	Med	licaid Cos	t Reimbursement Plans	ning and Finance
Permanent File For information On No Change in Rate	•			L DE	
J 1	OPIS Management Resources, I ennifer Ziolowski 0150 Highland Manor Drive Campa FL 33610	LLC			



Riverwood Center, LLC				Provider Number:	0 260673-00
2802 Parental Home Dr				Date:	7/24/2013
Jacksonville FL 32216				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sir	ngle Level		Current Rate 209.01	New Rate	Effective Date 7/1/2013
Settlem	nterim I Component I content based on costs I covider Prospective data	X		re Total Prospective Prospective Adjusted f Total Prospective with	
Budget		Changes:		e Rating Change	
X Unaudited costs Field audited cost Field audit - inter				d Customary Limitatio ate limitation change hange	n
Desk audited cost Desk audit - Inter Desk Audit - Pros	s im Portion	X		nester Change [2] as of 07/24/1996	
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Med	licaid Cos	t Reimbursement Plant	ning and Finance
Permanent File For information No Change in R	•		2	120	> —
Home Office:	OPIS Management Resources, I Jennifer Ziolowski 10150 Highland Manor Drive Tampa FL 33610	LLC			



Fairway Oaks Center, LLC				Provider Number:	0 260690-00
13806 N. 46th Street				Date:	7/24/2013
Tampa FL 33613				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 225.94	New Rate 231.86	Effective Date 7/1/2013
Poto Type 1					
Settlem	nterim Component nent based on costs rovider Prospective data	X		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Interi Desk Audit - Pros	im portion s im Portion	X	Usual and Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/01/1990	n
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Med	licaid Cos	t Reimbursement Plans	ning and Finance
Permanent File For information No Change in Ra	•			L DE	_
Home Office:	OPIS Management Resources, I Jennifer Ziolowski 10150 Highland Manor Drive Tampa FL 33610	LLC			



Sinai Plaza Nursing and Rehabilitation Center		Provider Number:	0 260771-00
201 NE 112th Street		Date:	7/24/2013
Miami FL 33161		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 247.23	New Rate 253.09	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospect X	ive 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	Usual a Target I FRVS 0 X Rate Se	are Rating Change and Customary Limitatio Rate limitation change Change mester Change [7] 2] as of 11/02/1990	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	ost Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		el De	-
Home Office: Hebrew Home Management of Steve Beaujon 1800 NE 168th Street, Suite 2 Miami Beach FL 33162			



Alhambra Health & Rehab Center		Provider Number:	0 261254-00
7501 38th Avenue North		Date:	7/24/2013
St. Petersburg FL 33710		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 222.46	New Rate 229.15	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change I Customary Limitatio ate limitation change hange lester Change [2] as of 04/13/1994	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plani	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		120	
Home Office: Greystone Healthcare Manager 4042 Park Oaks Blvd, Suite 300 Tampa FL 33610			



Terra Vista Rehabilitation and Health Center	Provider Number: 0 261611-00
1730 Lucerne Terrace	Date: 7/24/2013
Orlando FL 32806	Fiscal Year End: 12/31/2011
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current New Effective Rate Rate Date 212.77 206.91 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Prior Provider Prospective data Basis: Budget X Unaudited costs	Changes: Licensure Rating Change
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 10/01/1985
Distribution:	Thomas Parker
Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate	Medicaid Cost Reimbursement Planning and Finance
Home Office: 1 - No Home Office	



Avalon Health Care Center	Provider Number: 0 261629-00
1270 SW Main Blvd	Date: 7/24/2013
Lake City FL 32025	Fiscal Year End: 12/31/2011
	Audit Status: Unaudited [3]
Provider Type:	
	Current New Effective
	Rate Rate Date
Nursing Home Single Level	<u>191.57</u> <u>196.03</u> <u>7/1/2013</u>
Rate Type: Interim Total Interim Interim Component Settlement based on costs	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Prior Provider Prospective data Basis:	Changes:
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 10/01/1985
Distribution:	Thomas Parker
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent FileFor information OnlyNo Change in Rate	ZL ZC
Home Office: 1 - No Home Office	



Emerald Healthcare Center		Provider Number:	0 261637-00
1655 SE Walton Road		Date:	7/24/2013
Port St. Lucie FL 34952		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	- Chadated [3]
- 10 (1882 - 19 F 0)	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	206.96	212.40	7/1/2013
Rate Type: Interim	X Prospectiv	ve	
Total Interim	X	Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Ser	nester Change	
Desk Audit - Prospective portion		[2] as of 11/01/1987	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			_
For information Only	Z	L-DC	>
No Change in Rate	-		
Home Office: 1 - No Home Office			



Hawthorne Health & Rehab of Brandon		Provider Number:	0 261670-00
851 West Lumsden Road		Date:	7/24/2013
Brandon FL 33511		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		110020 200000	
	Current	New	Effective
Nuusina Homo Sinala Laval	Rate	Rate	Date T/1/2012
Nursing Home Single Level	201.32	205.96	7/1/2013
Rate Type :	W. D		
Interim Total Interim	Y Prospectiv	Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		T	r
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion Desk audited costs	FRVS C	nange	
Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion		[2] as of 03/27/1995	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			-
For information Only	2	L-DE	>
No Change in Rate		~~	
Home Office: 1 - No Home Office			



Atlantic Shores Nursing and Rehab			Provider Number:	0 263389-00
4251 Stack Blvd.			Date:	7/24/2013
Melbourne FL 32901			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 207.41	New Rate 212.27	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on co Prior Provider Prospect		Prospectiv X	ve Total Prospective Prospective Adjusted to Total Prospective with	
Budget	Change		e Rating Change	
X Unaudited costs		Usual an	d Customary Limitatio	n
Field audited costs		Target R FRVS C	ate limitation change	
Field audit - interim portion Desk audited costs			nange	
Desk audit - Interim Portion Desk Audit - Prospective portion	X		nester Change [2] as of 12/08/1995	
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information Only				0
No Change in Rate		2	LDE	
Home Office: Southern Hear R. Mark Crond	Drive, Suite 150			



Bonifay Nursing and Rehab				Provider Number:	0 263443-00
306 West Brock Avenue				Date:	7/24/2013
Bonifay FL 32425				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 188.52	New Rate 193.41	Effective Date 7/1/2013
Settlem	nterim n Component nent based on costs rovider Prospective data	X		re Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Inter Desk Audit - Pros	im portion s im Portion	Changes:	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/2003	on
Distribution:	spective portion		Oli i K v		
Contract Management Permanent FileFor informationNo Change in R Home Office:	Only ate Southern HealthCare Manage R. Mark Cronquist	ement, LLC		Thomas Parker t Reimbursement Plans	
	5887 Glenridge Drive, Suite 1 Atlanta GA 30328	130			



Riviera Palms Rehabilitation Co	enter			Provider Number:	0 263451-00
926 Haben Blvd.				Date:	7/24/2013
Palmetto FL 34221				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Singl	e Level		Current Rate 210.11	New Rate 215.01	Effective Date 7/1/2013
Prior Prov				ve Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim Desk audited costs Desk audit - Interim Desk Audit - Prospec	Portion	Changes:	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 03/07/1988	n
Distribution:	1				
Contract Management / Find Permanent File For information On No Change in Rate		Me		Thomas Parker t Reimbursement Plans	
R. 58	outhern HealthCare Manage Mark Cronquist 887 Glenridge Drive, Suite 1 tlanta GA 30328				



Boynton Beach Rehabilitation Center			Provider Number:	0 263460-00
9600 Lawrence Road			Date:	7/24/2013
Boynton Beach FL 33436			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 216.51	New Rate	Effective Date 7/1/2013
Rate Type : Interim Total Interim Interim Component Settlement based on Prior Provider Prospe			ve 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	Change X	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/01/1998	on
R. Mark Cro	althCare Management, LLC nquist ge Drive, Suite 150		Thomas Parker It Reimbursement Plans	



Arbor Trail Rehab and Skilled Nursing Center		Provider Number:	0 263478-00
611 Turner Camp Road		Date:	7/24/2013
Inverness FL 34453		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 195.40	New Rate 199.93	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 07/17/1987	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 1 Atlanta GA 30328			



Pinellas Point Nursing and Rehab		Provider Number:	0 263486-00
5601 31st Street South		Date:	7/24/2013
St. Petersburg FL 33712		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 223.22	New Rate 229.01	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 03/08/1995	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	2	120	> —
Home Office: Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 1 Atlanta GA 30328			



Jacksonville Nursing and Re	ehab			Provider Number:	0 263494-00
4134 Dunn Ave.				Date:	7/24/2013
Jacksonville FL 32218				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 208.71	New Rate 213.69	Effective Date 7/1/2013
Settlem	nterim n Component nent based on costs rovider Prospective data	X	Prospectiv X	Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk Audit - Pros	im portion s im Portion	Changes:	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/31/1990	on
Distribution: Contract Management Permanent File For information No Change in R Home Office:	/ Fiscal Agent Only ate Southern HealthCare Manage R. Mark Cronquist	ement, LLC		Thomas Parker t Reimbursement Plans	
	5887 Glenridge Drive, Suite 1 Atlanta GA 30328	150			



Port Orange Nursing and Rehab		Provider Number:	0 263508-00
5600 Victory Gardens Blvd.		Date:	7/24/2013
Port Orange FL 32127		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 217.40	New Rate 222.42	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/09/1992	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Southern HealthCare Manager R. Mark Cronquist 5887 Glenridge Drive, Suite 15 Atlanta GA 30328			



V7.016.1.2:HDY8M

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

Macclenny Nursing and Rehab		Provider Number	: 0 263516-00
755 South 5th Street		Date	: 7/24/2013
MacClenny FL 32063		Fiscal Year End:	12/31/2011
		Audit Status	-
Provider Type: Nursing Home Single Level	I	New Rate Rate 01.02 205.77	Effective
Rate Type: InterimTotal InterimInterim ComponentSettlement based on coPrior Provider Prospec		rospective X Total Prospective Prospective Adjuste Total Prospective w	ed for New Costs vith Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion		Licensure Rating Change Usual and Customary Limita Target Rate limitation chang FRVS Change Rate Semester Change On FRV [2] as of 08/27/199	e
R. Mark Crond	Care Management, LLC t rive, Suite 150	Thomas Parker caid Cost Reimbursement Pl	anning and Finance



Medicana Nursing and Rehab			Provider Number:	0 263524-00
1710 Lake Worth Road			Date:	7/24/2013
Lake Worth FL 33460			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 205.00	New Rate 209.86	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Componen Settlement based o Prior Provider Pros	n costs		e Total Prospective Prospective Adjusted : Total Prospective with	
Basis:	Cl	nanges:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective port	ion	Usual and Target Ra FRVS CI X Rate Sem	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 02/01/1997	on
Distribution:	_		Thomas Parker	
Contract Management / Fiscal Age Permanent File For information Only No Change in Rate	nt		t Reimbursement Plan	
Home Office: Southern R. Mark C	ridge Drive, Suite 150	LLC		



Tiffany Hall Nursing and Rehab		Provider Number:	0 263532-00
1800 SE Hillmoor Drive		Date:	7/24/2013
Port St. Lucie FL 34952		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current	New Rate 215.19	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/06/1993	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File		t Reimbursement Plani	_
For information Only No Change in Rate	Z	LDE	·
Home Office: R. Mark Cronquist 5887 Glenridge Drive, Suite 15 Atlanta GA 30328			



Metrowest Nursing and Rehab		Provider Number:	0 263541-00
5900 West Gate Drive		Date:	7/24/2013
Orlando FL 32835		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 216.38	New Rate 222.01	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs		re Total Prospective Prospective Adjusted t Total Prospective with	
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/21/1994	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	
Home Office: Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 1: Atlanta GA 30328			



Moultrie Creek Nursing and Rehab		Provider Number:	0 263559-00
200 Mariner Health Way		Date:	7/24/2013
St. Augustine FL 32086		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 203.75	New Rate 208.48	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 05/01/1996	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 1 Atlanta GA 30328			



Orange City Nursing and Rehab	1			Provider Number:	0 263567-00
2810 Enterprise Road				Date:	7/24/2013
DeBary FL 32713				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				rudit Status.	Chaudited [3]
		(Current	New	Effective
			Rate	Rate	Date
Nursing Home Single	e Level		210.20	215.66	7/1/2013
Rate Type :		X	Prospectiv	e	
Total Inter	im			Total Prospective	
Interim Co	•			Prospective Adjusted f	
	based on costs			Total Prospective with	Interim Component
Prior Provi	der Prospective data				
Basis:		Changes:			
Budget			Licensur	e Rating Change	
X Unaudited costs			Usual and	d Customary Limitatio	n
Field audited costs			_	ate limitation change	
Field audit - interim	portion		FRVS C	hange	
Desk audited costs Desk audit - Interim I	Dortion	X	Data Can	nester Change	
Desk Audit - Prospec				[2] as of 06/26/1991	
Distribution:				Thomas Parker	
Contract Management / Fig	scal Agent	Med	dicaid Cos	t Reimbursement Plani	ning and Finance
Permanent File				5 200 <u>4</u> 0 0.00 0.00	
For information Onl	у		Z	L-20	,
No Change in Rate			33		
Home Office:	outhern HealthCare Manager	ment, LLC			
R. 58	Mark Cronquist 87 Glenridge Drive, Suite 15	50			
At	lanta GA 30328				



Bayshore Pointe Nursing and Rehab		Provider Number:	0 263575-00
3117 West Gandy Blvd.		Date:	7/24/2013
Tampa FL 33611		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.72	New Rate 210.85	Effective Date 7/1/2013
Rate Type : Interim	X Prospectiv		
Total Interim		Total Prospective Prospective Adjusted to	for Now Costs
Interim Component Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		Total Prospective with	internii Component
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion		[2] as of 01/01/1986	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Madigaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	Wicalcala Cos	t Kennoursement i iam	imig and i mance
For information Only	-7	120	>
No Change in Rate	~		
Home Office: Southern HealthCare Manager	ment, LLC		
R. Mark Cronquist	,		
5887 Glenridge Drive, Suite 15	0		
Atlanta GA 30328			



Royal Oaks Nursing and Rehab		Provider Number:	0 263583-00
2225 Knox McRae Drive		Date:	7/24/2013
Titusville FL 32780		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 198.22	New Rate 202.84	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs		e Total Prospective Prospective Adjusted f Total Prospective with	
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitation ate limitation change nange nester Change [2] as of 04/09/1993	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L-DE	
Home Office: Southern HealthCare Manager R. Mark Cronquist 5887 Glenridge Drive, Suite 15 Atlanta GA 30328			



Tuskawilla Nursing and Reh	aab			Provider Number:	0 263591-00
1024 Willa Springs Drive				Date:	7/24/2013
Winter Springs FL 32708				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	-	Current Rate 211.71	New Rate 216.61	Effective Date 7/1/2013
Settlem	nterim I Component nent based on costs rovider Prospective data	X		re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	as ruor rrospective unit	Changes			
Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Inter Desk Audit - Pros	im portion s im Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 11/07/1994	n
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Me	edicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File For information No Change in R	•			L DE	
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Hunter's Creek Nursing and l	Rehab			Provider Number:	0 263605-00
14155 Town Loop Bovd.				Date:	7/24/2013
Orlando FL 32837				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	gle Level	_	Current Rate 231.67	New Rate 237.34	Effective Date 7/1/2013
Settlem	nterim Component ent based on costs ovider Prospective data	X	Prospectiv X	re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:		Changes	:		
Budget X Unaudited costs Field audited costs Field audit - interi Desk audited costs Desk audit - Interi Desk Audit - Pros	m portion s m Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 05/26/1998	on
Distribution:				Thomas Parker	
Contract Management	Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information (No Change in Ra	•		Z	L DE	<u>-</u>
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Boulevard Rehabilitation Center		Provider Number:	0 263613-00
2839 South Seacrest Boulevard		Date:	7/24/2013
Boynton Beach FL 33435		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 199.79	New Rate 204.45	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 09/29/1988	n
Distribution:		<u> </u>	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Z	Thomas Parker t Reimbursement Plans	
Home Office: Southern HealthCare Manager R. Mark Cronquist 5887 Glenridge Drive, Suite 15 Atlanta GA 30328			



Palm City Nursing and Reha	ıb			Provider Number:	0 263621-00
2505 SW Martin Highway				Date:	7/24/2013
Palm City FL 34990				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	_	Current Rate 215.40	New Rate 220.41	Effective Date 7/1/2013
Settlem	nterim Component nent based on costs rovider Prospective data	X		re Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Interi Desk Audit - Pros	im portion s im Portion	Changes:	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/19/1993	n
Distribution: Contract Management of the permanent File For information of the No Change in Rail Home Office:	Only			Thomas Parker t Reimbursement Plan	
Home Office.	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Bay Pointe Nursing Pavilion		Provider Number:	0 263834-00
4201 31st Street South		Date:	7/24/2013
St. Petersburg FL 33712		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onaudited [5]
110 Addit 1, per	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	205.86	211.74	7/1/2013
Rate Type :			
Interim	X Prospectiv	7A	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
	* '	D. C. C.	
Budget X Unaudited costs		e Rating Change	_
Field audited costs		d Customary Limitation thange	on
Field audit - interim portion	FRVS C	=	
Desk audited costs		U	
Desk audit - Interim Portion		nester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 01/01/1991	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			-
For information Only	7	L-DE	>
No Change in Rate			
Home Office: 1 - No Home Office			



Boca Raton Rehabilitation Center		Provider Number:	0 263842-00
755 Meadows Road		Date:	7/24/2013
Boca Raton FL 33486		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	195.25	201.68	7/1/2013
Rate Type : Interim Total Interim	X Prospectiv	ve Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		-	•
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs	Usual an	d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion		[2] as of 04/01/1998	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			-
For information Only	2	L-DE	>
No Change in Rate	-		
Home Office: 1 - No Home Office			



Deerfield Beach Health and Rehabilitation Center	Provider Number: 0 263851-00
401 East Sample Road	Date: 7/24/2013
Pompano Beach FL 33064	Fiscal Year End: 12/31/2011
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 209.51 214.45 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Basis:	Changes:
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 10/26/1988
Distribution:	Thomas Parker
Contract Management / Fiscal Agent Permanent File For information Only	Medicaid Cost Reimbursement Planning and Finance
No Change in Rate Home Office: 1 - No Home Office	



Rehabilitation and Healthcare Center of Cape Coral		Provider Number:	0 263869-00
2629 Del Prado Blvd S		Date:	7/24/2013
Cape Coral FL 33904		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	199.92	205.15	7/1/2013
Rate Type :			
Interim	X Prospective	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:		
Budget	Licensure	Rating Change	
X Unaudited costs		l Customary Limitatio	n
Field audited costs		te limitation change	
Field audit - interim portion	FRVS Ch	nange	
Desk audited costs Desk audit - Interim Portion	X Rate Sem	actor Change	
Desk Audit - Prospective portion		ester Change [2] as of 12/01/1985	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File			
For information Only	Z	L-20	>
No Change in Rate			
Home Office: 1 - No Home Office			



Carrollwood Care Center		Provider Number:	0 263877-00
15002 Hutchinson Road		Date:	7/24/2013
Tampa FL 33625		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Chadated [5]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	191.53	195.73	7/1/2013
Rate Type: InterimTotal InterimInterim Component Settlement based on costs		re Total Prospective Prospective Adjusted to	
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	120	· —
Home Office: 1 - No Home Office			



Casa Mora Rehabilitation and Extended Care	Provider Number: 0 263885-00
1902 59th Street West	Date: 7/24/2013
Bradenton FL 34209	Fiscal Year End: 12/31/2012
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current New Effective Rate Rate Date 202.33 209.80 7/1/2013
Interim Total Interim Interim Component Settlement based on costs	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Prior Provider Prospective data Basis:	Changes:
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 06/01/1997
Distribution:	Thomas Parker
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Planning and Finance
Home Office: 1 - No Home Office	



Evergreen Woods Health and Rehabilitation Center		Provider Number:	0 263893-00
7045 Evergreen Woods Trail		Date:	7/24/2013
Springhill FL 34608		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		Tradit Status.	enautree [e]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	196.87	201.98	7/1/2013
Rate Type: InterimTotal InterimInterim Component Settlement based on costs		re Total Prospective Prospective Adjusted Total Prospective with	
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/1989	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Madicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate			_
Home Office: 1 - No Home Office			



Highland Pines Rehabilitation Center		Provider Number:	0 263907-00
1111 South Highland Avenue		Date:	7/24/2013
Clearwater FL 33756		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		Tradit Status.	e madated [e]
	Current	New	Effective
N . II . C. 1 I	Rate	Rate	Date
Nursing Home Single Level	195.30	<u>199.87</u>	7/1/2013
Rate Type: InterimTotal Interim		Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data		Total Prospective with	Interim Component
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985	n
<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			



Rehabilitation Center of The Palm Beaches		Provider Number:	0 263915-00
301 Northpointe Parkway		Date:	7/24/2013
West Palm Beach FL 33407		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		110010 210000	
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	207.39	213.44	7/1/2013
Rate Type:	X Prospectiv		
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs	Usual and	d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Sen	actor Change	
Desk Audit - Prospective portion		nester Change [2] as of 10/01/1985	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		0 76 29 * 80 -60	20
For information Only	2	L-20	>
No Change in Rate			
Home Office: 1 - No Home Office			



Pompano Health and Rehabilitation Center	Provider Number: 0 263923-00
51 West Sample Road	Date: 7/24/2013
Pompano Beach FL 33064	Fiscal Year End: 12/31/2011
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 204.54 209.36 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Prior Provider Prospective data Basis:	Changes:
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 11/01/1990
Distribution:	Thomas Parker
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Planning and Finance
Home Office: 1 - No Home Office	



Healthcare and Rehabilitation Center of Sanford		Provider Number:	0 263931-00
950 Mellonville Avenue		Date:	7/24/2013
Sanford FL 32771		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 184.59	New Rate 188.90	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on costs	P	otal Prospective rospective Adjusted for	for New Costs Interim Component
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 10/01/1985	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Reimbursement Plan	
Home Office: 1 - No Home Office			



Rehabilitation and Healthcare Center of Tampa		Provider Number:	0 263940-00
4411 North Habana Ave		Date:	7/24/2013
Tampa FL 33614		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 194.00	New Rate 199.24	Effective Date 7/1/2013
Rate Type:			
Interim Total Interim Interim Component Settlement based on costs		e Fotal Prospective Prospective Adjusted t Fotal Prospective with	
Prior Provider Prospective data Basis:	Changes:		
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 I Customary Limitation ate limitation change nange sester Change [2] as of 10/01/1985	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	120	· —
Home Office: 1 - No Home Office			



The Abbey Rehabilitation and Nursing Center			Provider Number:	0 263958-00
7101 Martin Luther King Jr. St. N.			Date:	7/24/2013
St. Petersburg FL 33702			Fiscal Year End:	12/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	- -	Current Rate 203.18	New Rate 209.91	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component	X	Prospectiv X	Total Prospective Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data Basis:	Changes	S:	Total Prospective with	i interini Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective 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 10/01/1985	on
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent	N	ledicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		Z	LDE	·
Home Office: 1 - No Home Office				



The Oaks at Avon Park	Provider Number: 0 263966-0	00
1010 US 27 N	Date: 7/24/2013	3
Avon Park FL 33825	Fiscal Year End: 12/31/201	1
	Audit Status: Unaudited	[3]
Provider Type: Nursing Home Single Level	Current New Effective Rate Rate Date 197.60 202.68 7/1/2013	
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Componer	ent
Prior Provider Prospective data Basis:	Changes:	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 01/05/1993	
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Planning and Finance	
Home Office: 1 - No Home Office		



Titusville Rehabilitation and Nursing Center	Provider Number: 0 263974-00
1705 Jess Parrish Court	Date: 7/24/2013
Titusville FL 32796	Fiscal Year End: 12/31/2012
	Audit Status: Unaudited [3]
Provider Type:	Current New Effective Rate Rate Date
Nursing Home Single Level	<u>199.48</u> <u>215.97</u> <u>7/1/2013</u>
Rate Type: InterimTotal InterimInterim Component Settlement based on costs	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Prior Provider Prospective data Basis:	Changes:
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 10/01/1985
Distribution:	Thomas Parker
Contract Management / Fiscal Agent Permanent FileFor information Only	Medicaid Cost Reimbursement Planning and Finance
No Change in Rate Home Office: 1 - No Home Office	



Sarasota Health and Rehabilitation Center		Provider Number:	0 263982-00
1524 East Avenue South		Date:	7/24/2013
Sarasota FL 34239		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	198.05	202.66	7/1/2013
Rate Type :Interim	X Prospectiv		
Total Interim		Total Prospective	
Interim Component Settlement based on costs		Prospective Adjusted : Total Prospective with	
Prior Provider Prospective data		Total Flospective with	i internii Component
	Changage		
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X 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 Desk Audit - Prospective portion		nester Change [2] as of 10/01/1985	
Distribution:	Sil Tit V		
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only	7	1000	>
No Change in Rate	2	L-DE	
Home Office: 1 - No Home Office			
Home Office: 1 - No Home Office			



Windsor Woods Rehabilitation and Healthcare Center		Provider Number:	0 263991-00
13719 Dallas Drive		Date:	7/24/2013
Hudson FL 34667		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 190.77	New Rate 195.27	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	1	e Fotal Prospective Prospective Adjusted : Fotal Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change Il Customary Limitation Inte limitation change Interpretation change Int	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	120) —
Home Office: 1 - No Home Office			



Winkler Court	Pro	vider Number:	0 264008-00
3250 Winkler Ave		Date:	7/24/2013
Fort Myers FL 33916	Fis	scal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 203.25	New Rate 208.05	Effective Date 7/1/2013
Rate Type: Interim Total Interim	X Prospective X Total	Prospective	
Interim Component		ective Adjusted f	For New Costs
Settlement based on costs	Total	Prospective with	Interim Component
Prior Provider Prospective data			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Target Rate lin FRVS Change X Rate Semester	tomary Limitatio mitation change	n
<u>Distribution:</u>	TI	nomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Rein	nbursement Planı	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	ZL	20) —
Home Office: 1 - No Home Office			



Lafayette Healthcare Cente	r			Provider Number:	0 264482-00
512 West Main Sreet		•		Date:	7/24/2013
Mayo FL 32066		.		Fiscal Year End:	10/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Onaudited [5]
riotider ryper			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home Si	ngle Level	_	183.88	185.09	7/1/2013
Rate Type :					
Interim		X	Prospectiv		
	Interim		<u>X</u>	Total Prospective Prospective Adjusted to	for Navy Costs
	n Component ment based on costs			Total Prospective with	
	Provider Prospective data			Total Prospective with	i interim Component
Basis:		Changag]		
Dasis:		Changes	•		
Budget			Licensur	e Rating Change	
X Unaudited costs		-	_	d Customary Limitatio	on
Field audited cos	sts		_	ate limitation change	
Field audit - inte	rim portion		FRVS C	hange	
Desk audited cos			_		
Desk audit - Inter Desk Audit - Pro		X		nester Change [2] as of 07/15/1997	
Distribution:	spective portion		On Tity		
Contract Management	t / Fiscal Agent			Thomas Parker	
Permanent File	6	M	edicaid Cos	t Reimbursement Plan	ning and Finance
For information	Only		~~~	11-00	,
No Change in F	Rate		2	L DE	
Home Office:	CNH, LLC				
	46 TH: 10, NYV				
	46 Third Street NW Hickory NC 28601				
	THEROTY INC 20001				



Clifford Chester Sims State Veterans' Nursing H	ome	Provider Number:	0 264491-00
4419 Tram Road		Date:	7/24/2013
Springfield FL 32404		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 223.10	New Rate 228.65	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective of	<u> </u>	re Total Prospective Prospective Adjusted : Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI X Rate Sem	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 11/05/2003	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DC	
Home Office: Florida Dept. of V Walter Gilchrist 11351 Ulmerton Ro Largo Fl 33778-16	ad, Room 332-I		



Conway Lakes Health & Rehabilitation Center		Provider Number:	0 264512-00
5201 Curry Ford Road		Date:	7/24/2013
Orlando FL 32812		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curren Rate 220.1	t New Rate	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospo		
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usua Targ FRV X Rate	nsure Rating Change al and Customary Limitation et Rate limitation change S Change Semester Change FRV [2] as of 12/23/1991	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid	Cost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	2.202.011.0	ZL-ZE	
Home Office: SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwest Atlanta GA 30327			



V7.016.1.2:HDY8M

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

Belleair East Health Care Center		Provider Number:	0 264521-00
1150 PONCE DE LEON BLVD		Date:	7/24/2013
Clearwater FL 33756		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 215.88	New Rate 221.94	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs	X Prospect	Total Prospective Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual a Target I FRVS 0 X Rate Se	re Rating Change Ind Customary Limitation Rate limitation change Change Index of the change The change of the c	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	est Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Ź	el De	» —
Home Office: SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwest Atlanta GA 30327			



East Bay Rehabilitation Center		Provider Number:	0 264539-00
4470 East Bay Drive		Date:	7/24/2013
Clearwater FL 33764		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 221.15	New Rate 226.88	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	I	e Fotal Prospective Prospective Adjusted to Fotal Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	Rating Change Customary Limitation the limitation change hange ester Change [2] as of 07/26/1990	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		l-De	
Home Office: SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwest Atlanta GA 30327			



MELBOURNE TERRACE RESTORATIVE CARE CE		Provider Number:	0 264547-00
251 Florida Ave		Date:	7/24/2013
Melbourne FL 32901		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 224.85	Rate	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospe X	ctive Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion	Usual Targe FRVS	sure Rating Change and Customary Limitation t Rate limitation change 5 Change Semester Change RV [2] as of 02/09/1989	on
<u>Distribution:</u>		Thomas Doulton	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker Cost Reimbursement Plan	
Home Office: SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwest Atlanta GA 30327			



Centre Point Health and Rehab Center		Provider Number:	0 264563-00
2255 Centerville Road		Date:	7/24/2013
Tallahassee FL 32308		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 209.81	New Rate 215.73	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		re Total Prospective Prospective Adjusted : Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 06/25/1987	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwest Atlanta GA 30327			



Spring Lake Rehabilitation Center		Provider Number:	0 264571-00
1540 Sixth Street NW		Date:	7/24/2013
Winter Haven FL 33881		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Currer Rate 223. 3	Rate	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prosp	ective Total Prospective Prospective Adjusted Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usu Targ FRV X Rate	nsure Rating Change al and Customary Limitation get Rate limitation change 'S Change Semester Change FRV [2] as of 05/17/1991	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid	Cost Reimbursement Plan	_
Home Office: SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwest Atlanta GA 30327			



V7.016.1.2:HDY8M

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

Life Care Center of Estero		Provider Number:	0 265381-00
3850 Williams Road		Date:	7/24/2013
Estero FL 33929		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 221.64	New Rate 227.41	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI X Rate Sen	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/23/2003	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Valencia Hills Health and Rehabilitation Center		Provider Number:	0 265560-00
1350 Sleepy Hill Road		Date:	7/24/2013
Lakeland FL 33810		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 186.65	New Rate 190.19	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim Component Settlement based on costs]	e Fotal Prospective Prospective Adjusted to Fotal Prospective with	
Prior Provider Prospective data Basis:	Changes:	1	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change I Customary Limitation ate limitation change nange ester Change [2] as of 11/01/1994	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L-DE	-
Home Office: Summit Care II, Inc Guy Farmer 2851 Remington Green Circle Tallahassee FL 32308	e, Ste. D		



Hialeah Convalescent Center		Provider Number:	0 265730-00
190 W. 28th Street		Date:	7/24/2013
Hialeah FL 33010		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Onaudited [5]
1, po.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	190.32	194.56	7/1/2013
Rate Type :			
Interim	X Prospectiv	70	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
	Liconsur	e Rating Change	
Budget X Unaudited costs		d Customary Limitatio	ın
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion		nester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 07/01/1991	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information Only		- 7	2
	2	L-DE	>
No Change in Rate			- र ाजि
Home Office: 1 - No Home Office			



Life Care Center of Ocala		Provider Number:	0 266108-00
2800 SW 41st Street		Date:	7/24/2013
Ocala FL 34474		Fiscal Year End:	1/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 214.54	New Rate 220.00	Effective Date 7/1/2013
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospectiv	ve Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	re Rating Change ad Customary Limitation ate limitation change thange mester Change [2] as of 10/01/1998	n
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 st Reimbursement Plans	-



Oasis Health and Rehabilitation Center		Provider Number:	0 266124-00
1201 12th Avenue South		Date:	7/24/2013
Lake Worth FL 33460		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 223.68	New Rate 229.99	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		ve Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/2002	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		t Reimbursement Plan	_
Home Office: 1 - No Home Office			



Southpoint Terrace		Provider Number:	0 266281-00
4325 Southpoint Boulevard		Date:	7/24/2013
Jacksonville FL 32216		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 172.52	New Rate 175.06	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospectiv	re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	te Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 02/20/2004	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	-
Home Office: SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114			



Whispering Oaks		Provider Number:	0 266612-00
1514 East Chelsea Street		Date:	7/24/2013
Tampa FL 33610		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Onadarea [5]
110vider 1ypev	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	149.78	156.57	7/1/2013
Rate Type: Interim Total Interim Interim Component		otal Prospective rospective Adjusted f	for New Costs
Settlement based on costs			Interim Component
Prior Provider Prospective data			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Rat FRVS Cha	Rating Change Customary Limitatio e limitation change inge ster Change 2] as of 02/01/1989	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost l	Reimbursement Plant	ning and Finance
Permanent File For information Only No Change in Rate	Z	l-De	·
Home Office: 1 - No Home Office			



The Springs At Boca Ciega Bay		Provider Number:	0 267724-00
1255 Pasadena Avenue S.		Date:	7/24/2013
St. Petersburg FL 33707		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 220.46	New Rate 225.84	Effective Date 7/1/2013
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	1	e Fotal Prospective Prospective Adjusted for the prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change Il Customary Limitation the limitation change hange Lester Change [2] as of 07/01/1987	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Summit Care II, Inc Guy Farmer		Thomas Parker Reimbursement Plans	
2851 Remington Green Circle Tallahassee FL 32308	, Ste. D		



V7.016.1.2:HDY8M

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

The Nursing Center At Mercy		Provider Number:	0 267902-00
3671 South Miami Avenue		Date:	7/24/2013
Miami FL 33133		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 186.93	New Rate 189.14	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospecti	ve Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual a Target I FRVS C X Rate Se	re Rating Change and Customary Limitation Rate limitation change Change mester Change [2] as of 12/04/1994	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		I DE	-
Home Office: SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114			



Lanier Manor		Provider Number:	0 268003-00
12740 Lanier Road		Date:	7/24/2013
Jacksonville FL 32226		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status:	Unaudited [3]
Trovider Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	200.05	205.29	7/1/2013
D 4 T			
Rate Type :			
Interim	X Prospectiv	re	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Dasis.	Changes.		
D. L. d	Licensur	e Rating Change	
Budget X Unaudited costs		d Customary Limitatio	เท
Field audited costs		ate limitation change	⁷ 11
Field audit - interim portion	FRVS C	=	
Desk audited costs			
Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion		[2] as of 08/01/2001	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent			· 1.77
Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only	and the second	11-00	2
No Change in Rate	2	L DE	
Home Office: 1 - No Home Office			



Susanna Wesley Health Center		Provider Number:	0 268062-00
5300 West 16th Ave		Date:	7/24/2013
Hialeah FL 33012		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Chadated [5]
V F	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	235.70	242.43	7/1/2013
Pote Type			
Rate Type: Interim	X Prospectiv	7 0	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted to	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensure	e Rating Change	
X Unaudited costs	Usual and	d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS CI	hange	
Desk audited costs	X Rate Sem	a a stan Changa	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 06/30/2001	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File			-
For information Only	2	L-20	>
No Change in Rate			
Home Office: 1 - No Home Office			



Life Care Center of Palm Ba	y			Provider Number:	0 268186-00
175 Villanueva Road				Date:	7/24/2013
Palm Bay FL 32907				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 204.42	New Rate	Effective Date 7/1/2013
Settlem	nterim Component nent based on costs rovider Prospective data	X		re Total Prospective Prospective Adjusted total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Interi Desk Audit - Pros	im portion s im Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 05/28/2004	n
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information of the No Change in Reference in Re	-			L-DE	
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320				



HarborChase of Naples		Provider Number:	0 268585-00
7801 AIRPORT PULLING ROAD		Date:	7/24/2013
Naples FL 34109		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	- Chaudited [5]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	223.51	228.42	7/1/2013
Rate Type: Interim Total Interim		Total Prospective	San Navy Coatte
Interim Component		Prospective Adjusted	
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitation ate limitation change nange nester Change [2] as of 06/16/1998	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: 1 - No Home Office			



Abbiejean Russell Care Center		Provider Number:	0 268755-00
700 South 29th Street		Date:	7/24/2013
Ft. Pierce FL 34947		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	224.97	231.41	7/1/2013
Rate Type: Interim Total Interim Interim Component		e Total Prospective Prospective Adjusted f	for New Costs
Settlement based on costs Prior Provider Prospective data Basis:		Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Usual and Target R: FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985	n
<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	L DE	· —
Home Office: Synergy Health Care Denny Roberts 1835 Miami Gardens Dr. Suite North Miami Beach FL 33179	167		



Good Samaritan Center		Provider Number:	0 268763-00
10676 Marvin Jones Boulevard		Date:	7/24/2013
Live Oak FL 32060		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	- Chaudited [3]
1101Me1 1, pe1	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	195.31	198.29	7/1/2013
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:		
Declara	Licensur	e Rating Change	
Budget X Unaudited costs		d Customary Limitatio	ın
Field audited costs	l	ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion		nester Change [2] as of 10/01/1985	
Desk Audit - Prospective portion Distribution:	OliTRV		
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only		, 1 00	2
No Change in Rate	2	L-DC	
Home Office: 1 - No Home Office			



The Springs at Lake Pointe Woods		Provider Number:	0 268780-00
3280 Lake Pointe Drive		Date:	7/24/2013
Sarasota FL 34238		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 228.86	New Rate 234.84	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 11/01/1989	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LRE	
Home Office: Summit Care II, Inc Guy Farmer 2851 Remington Green Circ Tallahassee FL 32308	ele, Ste. D		



Majestic Oaks Continuing Care Complex		Provider Number:	0 269000-00
901 Veterans Memorial Parkway		Date:	7/24/2013
Orange City Fl 32763		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		110010 200000	
· ·	Current	New	Effective
N . H G. L I	Rate	Rate	Date
Nursing Home Single Level	200.40		7/1/2013
Rate Type: Interim Total Interim Interim Component		e Total Prospective Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		_	_
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitation the limitation change hange hester Change [2] as of 01/21/2003	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L-DE	
Home Office: 1 - No Home Office			



Harmony Health Center		Provider Number:	0 269107-00
9820 N. Kendall Drive		Date:	7/24/2013
Miami Fl 33176		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 189.39	New Rate 193.85	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 11/13/2000	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only No Change in Rate	Z	l De	» —
Home Office: SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114			



Douglas Jacobson State Veterans Nursing Home		Provider Number:	0 269492-00
21281 Grayton Terrance		Date:	7/24/2013
Port Charlotte FL 33954		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 224.99	New Rate 229.67	Effective Date 7/1/2013
Rate Type:	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:		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion		nester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 06/07/2004	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			_
For information Only	7	L-20	>
No Change in Rate	70		
Home Office: Florida Dept. of Veterans Affa	irs		
Walter Gilchrist			
11351 Ulmerton Road, Room 3	32-I		
Largo Fl 33778-1630			



Regents Park of Sunrise		Provider Number:	0 269697-00
9711 West Oakland Park Boulevard		Date:	7/24/2013
Sunrise FL 33351		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	199.24	208.50	7/1/2013
Rate Type:	X Prospectiv		
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs	Usual an	d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion		[2] as of 11/06/1989	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			60
For information Only	2	L-DE	>
No Change in Rate			
Home Office: 1 - No Home Office			



Regents Park of Winter Park		Provider Number:	0 269719-00
558 Semoran Boulevard		Date:	7/24/2013
Winter Park FL 32792		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Chaudica [5]
110 Hadi 19 per	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	196.97	201.55	7/1/2013
Rate Type: Interim Total Interim	X Prospective	e Fotal Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Γotal Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensure	Rating Change	
X Unaudited costs	Usual and	l Customary Limitatio	on
Field audited costs	Target Ra	ate limitation change	
Field audit - interim portion	FRVS Ch	nange	
Desk audited costs	D	CI.	
Desk audit - Interim Portion Desk Audit - Prospective portion		ester Change [2] as of 11/23/1988	
<u>Distribution:</u>	,	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File			
For information Only	7	L-DC	>
No Change in Rate			
Home Office: 1 - No Home Office			



Regents Park of Jacksonville		Provider Number:	0 269727-00
8700 A.C. Skinner Parkway		Date:	7/24/2013
Jacksonville FL 32256		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Chaudica [5]
110111111111111111111111111111111111111	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	190.93	196.05	7/1/2013
Rate Type:	X Prospectiv		
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted to	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		_	_
Basis:	Changes:		
Budget	Licensure	e Rating Change	
X Unaudited costs	Usual and	d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS CI	hange	
Desk audited costs	X Rate Sem	ageton Change	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 03/31/1994	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			_
For information Only	2	L-20	>
No Change in Rate	-50		
Home Office: 1 - No Home Office			



Jacaranda Manor		Provider Number:	0 281743-00
4250 66th Street North		Date:	7/24/2013
St. Petersburg FL 33709		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 166.02	New Rate 170.70	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		re Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Usual an Target R FRVS C	nester Change	on
Desk Audit - Prospective portion	On FRV	[2] as of 10/01/1985	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plant	_
Home Office: Grace Healthcare, Inc Randy Martin 7201 Shallowford Rd, STE 200 Chattanooga TN 37421			



Comuunity Care Center		Provider Number:	0 281913-00
2202 West Oak Avenue		Date:	7/24/2013
Plant City FL 33563		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		110010 210000	
••	Current	New	Effective
N	Rate	Rate	Date
Nursing Home Single Level	<u> 190.17</u>	186.90	7/1/2013
Rate Type: Interim Total Interim Interim Component	Pr	otal Prospective	
Settlement based on costs Prior Provider Prospective data Basis:	Changes:	otal Prospective with	n Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change unge ster Change 2] as of 10/01/1985	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost I	Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		l De	
Home Office: 1 - No Home Office			



West Gables Health Care Center		Provider Number:	0 282359-00
2525 SW 75th Avenue		Date:	7/24/2013
Miami FL 33155		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 229.71	New Rate 235.96	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospectiv	ve Total Prospective Prospective Adjusted : Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target R FRVS C X Rate Ser	re Rating Change and Customary Limitation cate limitation change change mester Change [2] as of 10/06/1988	on
<u>Distribution:</u>		Th D	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker st Reimbursement Plan	_
Home Office: Preferred Care, Inc. 5420 West Plano Parkway Plano TX 75093			



Ridgecrest Nursing & Rehabilitation Center		Provider Number:	0 282464-00
1200 North Stone Street		Date:	7/24/2013
Deland FL 32720		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.16	New Rate 216.13	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 11/03/2004	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	
Home Office: Greystone Healthcare Manage 4042 Park Oaks Blvd, Suite 30 Tampa FL 33610			



Coral Reef Nursing and Rehabilitation Center	Provider Numbe	er: 0 282529-00
9869 S.W. 152nd Street	Dat	e: 7/24/2013
Miami FL 33157	Fiscal Year End	12/31/2012
	Audit Statu	s: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 238.06 237.97	Effective
Rate Type: Interim	X Prospective	
Total Interim	X Total Prospective	
Interim Component	Prospective Adjus	
Settlement based on costs Prior Provider Prospective data	Total Prospective	with Interim Component
	Changes	
Dasis:	Changes:	
Budget	Licensure Rating Change	
X Unaudited costs	Usual and Customary Limit	ation
Field audited costs	Target Rate limitation chan	
Field audit - interim portion	FRVS Change	
Desk audited costs	D. C. Cl	
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semester Change On FRV [2] as of 03/01/199	96
<u>Distribution:</u>	Thomas Parke	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement I	
Permanent File	Medicaid Cost Reinibursement i	Tanning and Finance
For information Only	ZLZ	0
No Change in Rate		
Home Office: 1 - No Home Office		
Home Office.		



Palm Terrace of St. Petersburg		Provider Number:	0 282537-00
521 69th Avernue North		Date:	7/24/2013
St. Petersburg Fl 33702		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 239.53	New Rate 238.11	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change d Customary Limitation ate limitation change mange mester Change [2] as of 06/01/1997	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Cypress Administrative Services, LL Eric Martin 4 West Red Oak Lane, Suite 201 White Plains NY 10604	Z	Thomas Parker Reimbursement Plans	_



The Terrace at Daytona Beach		Provider Number:	0 282553-00
1704 Huntington Village Circle		Date:	7/24/2013
Daytona Beach FL 32114		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 166.88	New Rate 170.79	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospectiv	ve Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 06/29/1998	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	_
Home Office: SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114			



Palm Terrace of Clewiston		Provider Number:	0 282618-00
301 South Gloria Street		Date:	7/24/2013
Clewiston FL 33440		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 223.94	New Rate 211.81	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change I Customary Limitation ate limitation change nange sester Change [2] as of 09/01/1990	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost	Thomas Parker Reimbursement Plant	
Home Office: Cypress Administrative Service Eric Martin 4 West Red Oak Lane, Suite 20 White Plains NY 10604			



Palm Terrace of Lakeland		Provider Number:	0 282626-00
1919 Lakeland Hills Blvd		Date:	7/24/2013
Lakeland FL 33805		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 216.62	New Rate 204.78	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Cypress Administrative Service Eric Martin 4 West Red Oak Lane, Suite 20 White Plains NY 10604			



Life Care Center of Jackson	nville			Provider Number:	0 283193-00
4813 Lenoir Avenue				Date:	7/24/2013
Jacksonville FL 32216				Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level	_ _	Current Rate 217.84	New Rate 220.92	Effective Date 7/1/2013
Interir Settler	Interim n Component nent based on costs Provider Prospective data	<u>X</u>		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:		Changes			
Budget X Unaudited costs Field audited cost Field audit - inte Desk audited cost Desk Audit - Inte Desk Audit - Pro	erim portion sts rim Portion	X	Usual and Target R. FRVS C. Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/04/2005	n
Distribution:				Thomas Parker	
Contract Management Permanent File For information No Change in F	Only	Me		t Reimbursement Plan	_
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320		54842		



Life Care Center of Orange Park				Provider Number:	0 284289-00
2145 Kingsley Avenue				Date:	7/24/2013
Orange Park FL 32073				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home Single L	evel		183.32	185.19	7/1/2013
Interim Total Interim Interim Comp Settlement base	sed on costs	X	Prospectiv X	re Total Prospective Prospective Adjusted: Total Prospective with	
Basis:	Prospective data	Changes			
Budget X Unaudited costs Field audited costs Field audit - interim port Desk audited costs Desk audit - Interim Port Desk Audit - Prospective	ion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange mester Change [2] as of 09/19/1996	on
Distribution:				Thomas Parker	
Contract Management / Fiscal Permanent File	Agent	Me		t Reimbursement Plan	_
For information Only No Change in Rate			Z	L-DE	> —
Doug 3570	Care Centers Of America Ruth NW Keith Street land TN 37320				



The Terrace at Fleming Island		Provider Number:	0 284785-00
1125 Fleming Plantation Road		Date:	7/24/2013
Orange Park FL 32003		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current	New Rate 173.69	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 03/11/2005	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LRE	_
Home Office: SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114			



Brighton Gardens of Tampa		Provider Number:	0 284793-00
14624 North Dale Mabry Highway		Date:	7/24/2013
Tampa FL 33618		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onaudited [5]
-3. For	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	217.21	222.72	7/1/2013
Poto Type			
Rate Type: Interim	X Prospecti	vo.	
Total Interim	X Prospective X	Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		•	-
Basis:	Changes:		
Budget	Licensur	re Rating Change	
X Unaudited costs	Usual ar	nd Customary Limitatio	n
Field audited costs		Rate limitation change	
Field audit - interim portion	FRVS C	Change	
Desk audited costs	X Rate Ser		
Desk audit - Interim Portion Desk Audit - Prospective portion		mester Change [2] as of 11/23/1999	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File			-
For information Only	7	L De	>
No Change in Rate			
Home Office: 1 - No Home Office			



Aventura Plaza Rehabilitation	n and Nursing Center			Provider Number:	0 284823-00
1800 NE 168TH Street				Date:	7/24/2013
N. Miami Beach FL 33162				Fiscal Year End:	8/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	gle Level		Current Rate 263.59	New Rate 266.81	Effective Date 7/1/2013
	terim Component ent based on costs	X		e Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	ovider Prospective data	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interi Desk audited costs Desk audit - Interi Desk Audit - Prosp	m portion m Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985	n
Distribution:				Thomas Parker	
Contract Management /	Fiscal Agent	Med	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information (No Change in Ra	•			L DE	
	Hebrew Home Management Setsteve Beaujon 1800 NE 168th Street, Suite 200 Miami Beach FL 33162				



Cypress Village				Provider Number:	0 307998-00
4600 Middleton Park, Circle	East			Date:	7/24/2013
Jacksonville FL 32224				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				rudit Status.	
-10,1401 -J P 00			Current	New	Effective
			Rate	Rate	Date
Nursing Home Sin	gle Level		213.83	219.22	7/1/2013
Rate Type :					
Interim		<u>X</u>	Prospectiv		
Total In			<u>X</u>	Total Prospective	for Navy Coata
	Component ent based on costs			Prospective Adjusted to Total Prospective with	
	ovider Prospective data			Total Prospective with	i internii Component
Basis:	T	Changes	1		
Dasis:		Changes:			
Budget			Licensur	e Rating Change	
X Unaudited costs			•	d Customary Limitatio	on
Field audited costs	s		-	ate limitation change	
Field audit - interi	m portion		FRVS C	hange	
Desk audited costs					
Desk audit - Interi Desk Audit - Pros		X		nester Change [2] as of 10/14/1991	
Distribution:	pecure portion				
Contract Management /	Fiscal Agent			Thomas Parker	
Permanent File	1 13041 1 180110	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
For information (Only		W-13	11-00	>
No Change in Ra			2	120	
	Brookdale Senior Living, Inc.				
Home Office:	Russ Bellora				
	6737 W Washington Street				
	Milwaukee WI 53214				
				I	



Baya Pointe Nursing and Rehabilitation		Provider Number:	0 308111-00
587 S.E. ERMINE AVE		Date:	7/24/2013
Lake City FL 32025		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curr Rai 207	te Rate	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs		spective X Total Prospective Prospective Adjusted Total Prospective with	
Prior Provider Prospective Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Us Ta	censure Rating Change ual and Customary Limitation rget Rate limitation change RVS Change te Semester Change a FRV [2] as of 01/25/1994	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medica	id Cost Reimbursement Plan	nning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL DE	2
Home Office: Health Care Man Ivonne Burrell 2380 Sadler Road Fernandina Beach	Suite 201		



Hebrew Home of South Bea	ch			Provider Number:	0 308242-00
320 Collins Ave.				Date:	7/24/2013
Miami Beach FL 33139				Fiscal Year End:	8/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 237.28	New Rate 229.15	Effective Date 7/1/2013
Settlem	nterim n Component nent based on costs rovider Prospective data	X		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Tovider Prospective data	Changes:			
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk Audit - Inter Desk Audit - Pros	im portion s im Portion	X	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/1985	n
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Med	licaid Cos	t Reimbursement Plans	ning and Finance
Permanent File For information No Change in R	•			L DE	
Home Office:	Hebrew Home Management Se Steve Beaujon 1800 NE 168th Street, Suite 200 Miami Beach FL 33162				



V7.016.1.2:HDY8M

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

Ponce Plaza Nursing & Reh	ab Center			Provider Number:	0 308251-00
355 SW 12th Avenue				Date:	7/24/2013
Miami FL 33135				Fiscal Year End:	1/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sir	ngle Level		Current Rate 233.20	New Rate 239.47	Effective Date 7/1/2013
Settlem	nterim I Component nent based on costs rovider Prospective data	X		re Total Prospective Prospective Adjusted f Total Prospective with	
Basis:		Changes:] 	D.C. Cl	
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk Audit - Inter Desk Audit - Pros	im portion s im Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 04/21/2000	n
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Me	dicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File For information No Change in R	•			L DE	
Home Office:	Hebrew Home Management Se Steve Beaujon 1800 NE 168th Street, Suite 20 Miami Beach FL 33162				



The Allegro at College Harbor	Provider Number: 0 309	800-00
4600 54th Avenue South	Date: 7/24.	/2013
St. Petersburg Fl 33711		/2012
		ited [3]
Provider Type:		[-]
	Current New Effective	
N . II	Rate Rate Date	
Nursing Home Single Level	<u>234.83</u> <u>241.25</u> <u>7/1/2013</u>	
Rate Type: Interim Total Interim	X ProspectiveX Total Prospective	
Interim Component	Prospective Adjusted for New Costs	
Settlement based on costs	Total Prospective with Interim Com	ponent
Prior Provider Prospective data		
Basis:	Changes:	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 08/20/1999	
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Fina	nce
Permanent FileFor information OnlyNo Change in Rate	ze ze	
Home Office: 1 - No Home Office		



Watercrest Care Center		Provider Number:	0 310409-00
16650 West Dixie Hwy		Date:	7/24/2013
North Miami Beach FL 33160		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onaudica [3]
Trovider Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	230.87	238.26	7/1/2013
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:		
		D : G	
Budget		re Rating Change	
X Unaudited costs		d Customary Limitation ate limitation change	n
Field audited costs	FRVS C	=	
Field audit - interim portion	FRVS C	nange	
Desk audited costs Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion		[2] as of 09/01/1999	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	Wedicaid Cos	at Reimoursement I fain	imig and i manee
For information Only	·	1000	>
No Change in Rate	2	L-DE	
Home Office: 1 - No Home Office			
Home Office.			



ATLANTIC HEALTHCARE CENTER		Provider Number:	0 310581-00
3663 15th Avenue		Date:	7/24/2013
Vero Beach FL 32960		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 196.93	New Rate 192.16	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 09/01/2004	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information Only		t Reimbursement Plan	
No Change in Rate	2	L-DE	
Home Office: Lyric Health Care Timothy J Trybus 7150 Columbia Gateway Drive Columbia MD 21046	e Suite J		



St. Mark Village, Inc.		Provider Number:	0 310841-00
2655 Nebraska Avenue		Date:	7/24/2013
Palm Harbor FL 34684		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Chaudica [5]
110 Hadi 19por	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	215.90	220.15	7/1/2013
Rate Type :			
Interim	X Prospective	e	
Total Interim	X	Γotal Prospective	
Interim Component		Prospective Adjusted i	
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
	T .	D d Gl	
Budget		Rating Change	
Unaudited costs Field audited costs		l Customary Limitation te limitation change	on
Field audit - interim portion	FRVS Ch	_	
Desk audited costs		80	
Desk audit - Interim Portion	X Rate Sem	ester Change	
Desk Audit - Prospective portion	On FRV [[2] as of 08/15/2005	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plans	ning and Finance
Permanent File	inicalcula e e e		
For information Only	-7	L-20	>
No Change in Rate			
Home Office: 1 - No Home Office			
nome office.			



Eagle Lake Rehab & Care (Center			Provider Number:	0 311065-00
1100 66th Street North				Date:	7/24/2013
St. Petersburg FL 33710				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level	- -	Current Rate 208.93	New Rate 207.53	Effective Date 7/1/2013
Rate Type : Interim Total 1	(nterim	X	Prospectiv X	re Total Prospective	
Interin Settler	n Component nent based on costs Provider Prospective data			Prospective Adjusted for Total Prospective with	
Budget X Unaudited costs Field audited cos Field audit - inte Desk audited cos Desk Audit - Inter Desk Audit - Pro	rim portion ts rim Portion	Changes	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/01/1987	n
Distribution:				TI D	
Contract Management Permanent File For information No Change in R	Only	M		Thomas Parker t Reimbursement Plans	_
Home Office:	Traditions Management of Fl 24541 US Highway 19 North Clearwater FL 33763				



South Pointe Plaza				Provider Number:	0 311308-00
42 Collins Avenue				Date:	7/24/2013
Miami Beach FL 33139				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sir	ngle Level		Current Rate 207.34	New Rate 195.53	Effective Date 7/1/2013
Settlem	nterim a Component nent based on costs rovider Prospective data	X		Total Prospective Prospective Adjusted for Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk Audit - Inter Desk Audit - Pros	im portion s im Portion	X	Usual and Target R FRVS Cl	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 04/01/1997	n
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Med	dicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File For information No Change in R	•			L DE	
Home Office:	Hebrew Home Management Setseve Beaujon 1800 NE 168th Street, Suite 200 Miami Beach FL 33162				



Life Care Center of Punta Gorda		Provider Number:	0 311685-00
450 Shreve Street		Date:	7/24/2013
Punta Gorda FL 33950		Fiscal Year End:	2/29/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 230.44	New Rate 235.77	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 07/29/2005	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	L DE	· -
Home Office: Life Care Centers Of Americ Doug Ruth 3570 NW Keith Street Cleveland TN 37320	a		



SandalWood Nursing Center		Provider Number:	0 312045-00
1001 South Beach Street		Date:	7/24/2013
Daytona Beach FL 32114	,	Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 204.03	New Rate 208.78	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective X	ve Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Ser	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 08/01/1999	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		t Reimbursement Plan	
Home Office: Putnam Council, Inc. 16 Norcross Street Roswell GA 30075			



LakeWood Nursing Center				Provider Number:	0 312142-00
100 North Lake Street		•		Date:	7/24/2013
Crescent City FL 32112		_		Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				rudit Status.	- Chadaled [3]
			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home Sin	ngle Level	_	192.68	205.00	7/1/2013
Rate Type : Interim Total I	nterim	X	Prospectiv X	Total Prospective	
Interin	n Component			Prospective Adjusted	for New Costs
	nent based on costs			Total Prospective with	Interim Component
Prior P	Provider Prospective data				
Basis:		Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited costs			Usual an	d Customary Limitatio	n
Field audited cos	ts		_	ate limitation change	
Field audit - inter	rim portion		FRVS C	hange	
Desk audited cos					
Desk audit - Inter Desk Audit - Pro		X		nester Change [2] as of 11/15/2001	
Distribution:	r			Thomas Parker	
Contract Management	/ Fiscal Agent		edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		171	culculu Cos	t Kennoursement I ian	and I manee
For information	Only		-7	120	>
No Change in R	tate		~		
Home Office:	Putnam Council, Inc.				
	16 Norcross Street Roswell GA 30075				



Cross City Rehabilitation and Health Center	Provider Number: 0 312151-00
583 N.E. Highway 351	Date: 7/24/2013
Cross City FL 32628	Fiscal Year End: 9/30/2012
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 194.33 196.97 7/1/2013
Rate Type: Interim Total Interim Interim Component	X Prospective X Total Prospective Prospective Adjusted for New Costs
Settlement based on costs Prior Provider Prospective data Basis:	Total Prospective with Interim Component Changes:
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 07/01/1999
Distribution:	Thomas Parker
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Planning and Finance
Home Office: CNH, LLC 46 Third Street NW Hickory NC 28601	



CrestWood Nursing Center				Provider Number:	0 312274-00
501 South Palm Avenue		•		Date:	7/24/2013
Palatka FL 32177				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sir	ngle Level	_ _	Current Rate 182.50	New Rate 187.03	Effective Date 7/1/2013
Rate Type:		X	Prospectiv	re	
Total I	nterim		X	Total Prospective	
Interim	Component			Prospective Adjusted	for New Costs
Settlem	ent based on costs			Total Prospective with	Interim Component
Prior P	rovider Prospective data				
Basis:		Changes	:		
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk Audit - Inter Desk Audit - Pros	im portion s im Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange mester Change [2] as of 11/15/2001	n
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	M	edicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File For information No Change in R	•			L DE	
Home Office:	Putnam Council, Inc.				
	16 Norcross Street Roswell GA 30075				



Savannah Cove of the Palm	Beaches			Provider Number:	0 312312-00
2090 North Congress Avenu				Date:	7/24/2013
West Palm Beach FL 33401	_			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 232.68	New Rate 239.03	Effective Date 7/1/2013
Settlen	n Component ment based on costs	X		re Total Prospective Prospective Adjusted t Total Prospective with	
Prior P Basis:	rovider Prospective data	Changes:			
Budget X Unaudited costs Field audited cos Field audit - inter Desk audited cost Desk Audit - Inter Desk Audit - Pros	rim portion as im Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/26/1995	n
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor informationNo Change in R	•		Z	L DE	·
Home Office:	Senior Living Management Co John Panskoy 4661 Johnson Road, Suite 7 Coconut FL 33073	orporation			



Southlake Nursing and Reha	abilitation Center			Provider Number:	0 312371-00
10680 Old St. Augustine Ro	ad			Date:	7/24/2013
Jacksonville FL 32257				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 223.52	New Rate 228.73	Effective Date 7/1/2013
Settlen Prior P	nterim n Component nent based on costs rovider Prospective data	X	Prospectiv X	Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Inter Desk Audit - Pros	im portion s im Portion	Changes	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985	on
Distribution:	1				
Contract Management Permanent File For information No Change in R	Only	Mo		Thomas Parker It Reimbursement Plans	
Home Office:	Mandarin Health Group 199 N.E. 89th Street El Portal FL 33138				



Savannah Cove of Maitland				Provider Number:	0 312550-00
1301 W. Maitland Blvd				Date:	7/24/2013
Maitland FL 32751				Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home Sir	ngle Level	_	189.88	186.66	7/1/2013
Settlem	nterim Component ent based on costs rovider Prospective data	X	Prospectiv X	re Total Prospective Prospective Adjusted: Total Prospective with	
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk Audit - Inter Desk Audit - Pros	im portion s im Portion	X	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 06/16/1995	on
Distribution:				Thomas Parker	
Contract Management Permanent File For information No Change in R	Only	N		t Reimbursement Plan	•
Home Office:	Senior Living Management John Panskoy 4661 Johnson Road, Suite 7 Coconut FL 33073	Corporation			



Children's Comprehensive Care Center			Provider Number:	0 312789-00
200 S.E. 19th Avenue			Date:	7/24/2013
Pompano Beach FL 33060			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
N . H . C. L . L		Rate	Rate	Date
Nursing Home Single Level		255.90	256.90	7/1/2013
Level U: Fragile U	Jnder 21	527.75	531.43	7/1/2013
D (D				
Rate Type :				
Interim		X Prospectiv		
Total Interim			Total Prospective	for Nov. Costs
Interim Component Settlement based on o	eosts		Prospective Adjusted : Total Prospective with	
Prior Provider Prospe			Total Prospective with	i internii Component
Basis:	Cha	anges:		
Budget		Licensur	e Rating Change	
X Unaudited costs			d Customary Limitatio	on
Field audited costs			ate limitation change	
Field audit - interim portion		FRVS C	hange	
Desk audited costs	<u> </u>			
Desk audit - Interim Portion Desk Audit - Prospective portion	n —		nester Change [2] as of 06/08/1992	
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent	_	Madigaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		Wiculcald Cos	t Kennoursement i ian	ining and I manec
For information Only		-7	L-20	2
No Change in Rate		~_		
Home Office: Broward Ch	ildren's Center, Inc.			
Hanna Pasnie				
200 SE 19th				
Pompano Bea	ach FL 33072			



Hollywood Hills Rehabilitation Center, I	LLC		Provider Number:	0 313424-00
1200 N 35th Avenue			Date:	7/24/2013
Hollywood FL 33021			Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 218.26	New Rate 223.77	Effective Date 7/1/2013
Rate Type :				
Interim Total Interim Interim Componen Settlement based or Prior Provider Pros	n costs	X	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 port	ion	Licensure Usual and Target Ra FRVS CI	e Rating Change d Customary Limitation ate limitation change nange nester Change [2] as of 10/01/1985	on
Distribution:			Thomas Parker	
Contract Management / Fiscal Age	nt —	Medicaid Cost	t Reimbursement Plan	ning and Finance
Permanent File For information Only No Change in Rate		Z	L DE	· —
Home Office: Harold Ma 1201 North Hollywood	ndelbaum n 37th Street			



Lutheran Haven Nursing Home		Provider Number:	0 313718-00
2041 W. State Rd. 426		Date:	7/24/2013
Oviedo Fl 32765		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onaudited [3]
Trovider Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	205.74	201.58	7/1/2013
Rate Type :			
Interim Total Interim	Y Prospectiv		
Interim Component		Total Prospective Prospective Adjusted to	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		Total Trospective with	· ····································
Basis:	Changes:		
Dasis.	Changes.		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion		nester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 12/16/2005	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			-
For information Only	7	L-DE	>
No Change in Rate		- ELE	
Home Office: 1 - No Home Office			
Tiome Office.			



Carrington Place of St. Pete		Provider Number:	0 315524-00
10501 Roosevelt Blvd North		Date:	7/24/2013
St. Petersburg FL 33716		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 208.23	New Rate 204.86	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1988	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	LDE	· —
Home Office: Traditions Management of Floral 24541 US Highway 19 North Clearwater FL 33763	orida, LLC		



Life Care Center of Pensacola		Provider Number:	0 315664-00
3291 East Olive Road		Date:	7/24/2013
Pensacola FL 32514		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 213.57	New Rate 218.71	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		re Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 06/01/2006	on
<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: 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:	7/24/2013
Ft. Walton Beach FL 32457		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 207.95	New Rate 218.02	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214		Thomas Parker t Reimbursement Plans	



Desoto Health & Rehab		Provider Number:	0 316229-00
1002 North Brevard Avenue		Date:	7/24/2013
Arcadia FL 34266		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 245.73	New Rate 252.32	Effective Date 7/1/2013
Rate Type :			
Interim	X Prospectiv	re	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensure	e Rating Change	
X Unaudited costs		d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS CI	hange	
Desk audited costs			
Desk audit - Interim Portion		nester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 09/01/1986	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			
For information Only	7	L-20	>
No Change in Rate	_		
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 Center, Inc.			Provider Number:	0 316628-00
3127 - 57th Avenue North			Date:	7/24/2013
St. Petersburg FL 33714			Fiscal Year End:	5/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	-	Current Rate 188.27	New Rate 192.69	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on or Prior Provider Prospe			re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes	S:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective 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 06/01/1996	on
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent	N	ledicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate			L DE	
Home Office: Senior Care Kathy Chudo 1240 Marbell Tampa FL 33	v a Plaza Drive			



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

HarbourWood Nursing Cent	ter, Inc.			Provider Number:	0 316636-00
2855 Gulf to Bay Boulevard	l, Building #31			Date:	7/24/2013
Clearwater FL 33759				Fiscal Year End:	5/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 202.91	New Rate 208.03	Effective Date 7/1/2013
Settlem	nterim n Component nent based on costs rovider Prospective data	X	Prospectiv X	ve Total Prospective Prospective Adjusted Total Prospective with	
Budget		Changes:	Licensur	re Rating Change	
X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk audit - Inter Desk Audit - Pros	rim portion ss im Portion	X	Target R FRVS C	d Customary Limitation change thange mester Change [2] as of 07/03/1996	on
Distribution:	1			Thomas Parker	
Contract Management	/ Fiscal Agent	Me	dicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File For information No Change in R	•		Z	LDE	·
Home Office:	Senior Care Group, Inc. 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 Center	, Inc.			Provider Number:	0 316644-00
8600 U.S. Highway 19 Nort	h			Date:	7/24/2013
Pinellas Park FL 33782				Fiscal Year End:	5/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	_	Current Rate 183.73	New Rate 187.60	Effective Date 7/1/2013
Settlen	nterim n Component nent based on costs trovider Prospective data	X		re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Tovidor Frospective data	Changes:			
Budget X Unaudited costs Field audited cos Field audit - inter Desk audited cost Desk Audit - Inter Desk Audit - Pros	rim portion ts rim Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 08/01/1998	n
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor informationNo Change in R	*		Z	L-DE	·
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619				



BayWood Nursing Center, Inc				Provider Number:	0 316652-00
2000 17th Avenue South				Date:	7/24/2013
St. Petersburg FL 33712				Fiscal Year End:	5/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Lo	evel		Current Rate 76.51	New Rate 178.99	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim Compo	ed on costs	XF		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Prospective data	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim porti Desk audited costs Desk audit - Interim Porti Desk Audit - Prospective	on	X	Usual and Target R FRVS Cl	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 12/01/2005	n
Distribution:				Thomas Parker	
Contract Management / Fiscal	Agent	Med	icaid Cos	t Reimbursement Plans	ning and Finance
Permanent File For information Only No Change in Rate			2	120	· —
Kathy 1240 M	r Care Group, Inc. Chudow Aarbella Plaza Drive IFL 33619				



The Nursing Center at Freedom Village			Provider Number:	0 317195-00
6410 21st Avenue West			Date:	7/24/2013
Bradenton FL 34209			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
V . IV	_	Rate	Rate	Date
Nursing Home Single Level	_	197.44	201.75	7/1/2013
Rate Type:	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:	Changes	:		
Budget		Licensur	e Rating Change	
X Unaudited costs		Usual an	d Customary Limitatio	n
Field audited costs		Target R	ate limitation change	
Field audit - interim portion		FRVS C	hange	
Desk audited costs				
Desk Audit - Interim Portion	X	_	nester Change [2] as of 06/23/1989	
Desk Audit - Prospective portion Distribution:		On racy	Thomas Parker	
Contract Management / Fiscal Agent		adiasid Cos		ning and Finance
Permanent File	IVI	cuicaiu COS	t Reimbursement Plan	ining and Pindhee
For information Only		7	120	>
No Change in Rate		~	- ac	
Home Office: Brookdale Senior Living, Inc.				
Home Office: Brookdale Senior Living, Inc. Russ Bellora				
6737 W Washington Street Milwaukee WI 53214				



Darcy Hall of Life Care		Provider Number:	0 317349-00
2170 Palm Beach Lakes Blvd.		Date:	7/24/2013
West Palm Beach FL 33409		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 214.09	New Rate 219.67	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI X Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/01/1990	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Parklands Rehabilitation and Nursing Center		Provider Number:	0 317578-00
1000 S.W. 16th Avenue		Date:	7/24/2013
Gainesville FL 32601		Fiscal Year End:	3/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 229.13	New Rate 233.09	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	I	e Fotal Prospective Prospective Adjusted for the Prospective Adjusted for the Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 09/01/1987	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Reimbursement Plan	-
Hallmark Accounting Jacob Karmel 368 New Hempstead Road #309 New City NY 10956	,		



Williston Rehabilitation and Nursing Center		Provider Number:	0 317586-00
300 N.W. 1st Ave.		Date:	7/24/2013
Williston FL 32696		Fiscal Year End:	3/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 230.43	New Rate 236.30	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/2006	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		t Reimbursement Plan	
Home Office: Hallmark Accounting Jacob Karmel 368 New Hempstead Road #30 New City NY 10956	9		



Community Health and Rehab Center		Provider Number:	0 318779-00
3611 Transmitter Road		Date:	7/24/2013
Panama City FL 32404		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.10	New Rate 206.31	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 11/04/1997	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L-DE	_
Home Office: 1 - No Home Office			



Citrus Gardens of Fort Myers		Provider Number:	0 318787-00
7173 Cypress Drive Southwest		Date:	7/24/2013
Fort Myers FL 33907		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		110010 210000	Community [c]
J.F.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	198.21	190.27	7/1/2013
Rate Type : Interim	X Prospectiv		
Total Interim		Total Prospective	San Na Clark
Interim Component		Prospective Adjusted to Total Prospective with	
Settlement based on costs Prior Provider Prospective data		Total Flospective with	i internii Component
	Changes		
Basis:	Changes:		
Budget	Licensure	e Rating Change	
X Unaudited costs		d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS CI	hange	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 01/01/1987	
Distribution:	On The V		
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cost	t Reimbursement Plan	ning and Finance
For information Only	×	11-00	>
No Change in Rate	2	L-DC	
Home Office: 1 - No Home Office			



The Court at Palm-Aire				Provider Number:	0 318795-00
2701 North Course Drive				Date:	7/24/2013
Pompano Beach FL 33069				Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sing	le Level	_	Current Rate 237.23	New Rate 237.63	Effective Date 7/1/2013
Settlemen	erim Component nt based on costs vider Prospective data	X	Prospectiv X	re Total Prospective Prospective Adjusted for the Total Prospective With	
Basis:	1	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim Desk audited costs Desk Audit - Interim Desk Audit - Prospe	Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 04/28/1994	n
Distribution:				Thomas Parker	
Contract Management / I	Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OrNo Change in Rate	•			L DE	
4	FiveStar Quality Care Inc 00 Centre Street Vewton MA 02458				



Palmer Ranch Healthcare and Re	habilitation			Provider Number:	0 319244-00
5111 Palmer Ranch Parkway				Date:	7/24/2013
Sarasota Fl 34238				Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N	Lawal	-	Rate	Rate	Date
Nursing Home Single	Levei	_	246.37	250.28	7/1/2013
Rate Type :					
Interim		X	Prospectiv	/e	
Total Interin	n		_ X	Total Prospective	
Interim Con	nponent			Prospective Adjusted	for New Costs
Settlement b	pased on costs			Total Prospective with	n Interim Component
Prior Provid	er Prospective data				
Basis:		Changes	S:		
Budget			Licensur	e Rating Change	
X Unaudited costs			Usual an	d Customary Limitatio	on
Field audited costs			_	ate limitation change	
Field audit - interim po	ortion		FRVS C	hange	
Desk audited costs			— Data Can	or a stan Change	
Desk audit - Interim Po Desk Audit - Prospecti		X		nester Change [2] as of 06/01/2000	
Distribution:	_			Thomas Parker	
Contract Management / Fisc	cal Agent	N	Iedicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					-
For information Only			2	120	>
No Change in Rate			-		
Home Office:	neritus Senior Living				
	1 Elliott Avenue, ttle WA 98121				



Port Charlotte Rehabilitation Center		Provider Number:	0 319325-00
25325 Rampart Blvd		Date:	7/24/2013
Port Charlotte FL 33983		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 225.72	New Rate 231.61	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospect X	ive 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	Usual a Target FRVS	ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 05/15/1990	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	ost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	ž	el De	·
Home Office: SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwest Atlanta GA 30327			



Harbour Health Center		Provider Number:	0 319333-00
23013 Westchester Boulevard		Date:	7/24/2013
Port Charlotte FL 33980		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 213.42	New Rate 218.93	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 11/01/2000	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	_
Home Office: Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214			



Atrium Healthcare Center			Provider Number:	0 319376-00
9960 Atrium Way			Date:	7/24/2013
Jacksonville FL 32225			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Purrent Rate	New Rate 209.36	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim Component Settlement based on costs		F	orotal Prospective Prospective Adjusted for the Prospective Adjusted for the Prospective with	
Prior Provider Prospectiv Basis:	e data Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual and Target Ra FRVS Ch Rate Seme	Rating Change Customary Limitatio te limitation change ange ester Change 2] as of 09/13/1996	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Med		Thomas Parker Reimbursement Plant	
Home Office: Russ Bellora 6737 W Washing Milwaukee WI 5	gton Street			



Consulate Health Care of Jacksonville		Provider Number:	0 319503-00
4101 Southpoint Drive East	<u> </u>	Date:	7/24/2013
Jacksonville FL 32216		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 198.76	New Rate 203.43	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective	X Prospectiv X ———————————————————————————————————	ve Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	re Rating Change and Customary Limitation Rate limitation change Change mester Change [2] as of 08/09/1996	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	L DE	<u>-</u>
Home Office: Consulate Health Kathy Urbanovich 800 Concourse Pa Maitland FL 3275			



Consulate Health Care of Kissimmee		Provider Number:	0 319511-00
2511 John Young Parkway North		Date:	7/24/2013
Kissimmee FL 34741		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 195.26	New Rate 199.86	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospec	tive _ Total Prospective _ Prospective Adjusted i _ Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual a Target FRVS X Rate S	ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 08/20/1999	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid C	ost Reimbursement Plan	ning and Finance
For information Only No Change in Rate	Ž	2620	> —
Home Office: Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Care Melbourne		Provider Number:	0 319520-00
3033 Sarno Road		Date:	7/24/2013
Melbourne FL 32934		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 190.99	New Rate	Effective Date 7/1/2013
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospec	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	Usual Target FRVS X Rate S	sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 08/19/1994	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker Cost Reimbursement Plant	
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:	7/24/2013
Orange Park FL 32073			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	<u>I</u>	errent Rate 94.85	New Rate 199.88	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data]	e Fotal Prospective Prospective Adjusted to Fotal Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		Usual and Target Ra FRVS Ch Rate Sem	Rating Change Customary Limitation te limitation change trange ester Change [2] as of 01/01/1990	on
Distribution: Contract Management / Fiscal Agent			Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate	Medi		Reimbursement Plan	
Home Office: Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751				



Consulate Health Care of West Alt	amonte			Provider Number:	0 319546-00
1099 W. Town Parkway				Date:	7/24/2013
Altamonte Springs FL 32714				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single I	ævel		Purrent Rate 98.07	New Rate 202.72	Effective Date 7/1/2013
	sed on costs Prospective data			e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim por Desk audit - Interim Por Desk Audit - Prospective	tion	X	Usual and Target Ra FRVS Cl	e Rating Change d Customary Limitation ate limitation change mange nester Change [2] as of 02/17/1994	on
Distribution:				Thomas Parker	
Contract Management / Fisca Permanent FileFor information Only	l Agent	Med		t Reimbursement Plans	
Kathy 800 C	Sulate Health Care, Inc. O Urbanovich Concourse Parkway South and FL 32751				



Franco Nursing and Rehab		Provider Number:	0 319554-00
800 NW 95th Street		Date:	7/24/2013
Miami FL 33150		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curren Rate 201.9	t New Rate	Effective Date 7/1/2013
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospo		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usua Targ FRV X Rate	nsure Rating Change all and Customary Limitation et Rate limitation change S Change Semester Change RV [2] as of 01/04/1996	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid	Thomas Parker Cost Reimbursement Plan	_
Home Office: Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Care of Ba	ayonet Point			Provider Number:	0 319651-00
8132 Hudson Avenue				Date:	7/24/2013
Hudson FL 34667				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sir	ngle Level		Current Rate 194.48	New Rate 199.06	Effective Date 7/1/2013
Rate Type:		v	Prospostiv		
Total I. Interim Settlem	nterim n Component nent based on costs rovider Prospective data	X		e Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost	im portion	Changes:	Usual an	e Rating Change d Customary Limitatio ate limitation change hange	n
Desk audit - Inter Desk Audit - Pros		X		nester Change [2] as of 02/22/1993	
Distribution:	spective portion		Oll PRV	Thomas Parker	
Contract Management	/ Fiscal Agent	Med	licaid Cos	t Reimbursement Plans	ning and Finance
Permanent File For information No Change in R	*			LDE	
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751				



Consulate Health Care of Brandon		Provider Number:	0 319660-00
701 Victoria Strees		Date:	7/24/2013
Brandon FL 33510		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 200.18	New Rate 204.86	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospec X	tive _ Total Prospective _ Prospective Adjusted t _ Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual a Target FRVS X Rate S	ure Rating Change and Customary Limitatio Rate limitation change Change emester Change V [2] as of 03/01/1999	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid C	ost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		el De	
Home Office: Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Care of Lake Parker		Provider Number:	0 319678-00
2020 W. Lake Parker Drive		Date:	7/24/2013
Lakeland FL 33805		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 198.37	New Rate 202.80	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospecti X	ve Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target F FRVS C X Rate Ser	re Rating Change and Customary Limitation Rate limitation change Change mester Change [2] as of 05/14/1990	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Co	st Reimbursement Plan	ning and Finance
For information Only No Change in Rate	2	I DE	· —
Home Office: Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Care of Pensacola			Provider Number:	0 319686-00
235 W. Airport Blvd.			Date:	7/24/2013
Pensacola FL 32505			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level]	urrent Rate 93.01	New Rate 197.56	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data			e Total Prospective Prospective Adjusted t 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	X	Usual and Target Ra FRVS CI Rate Sem	e Rating Change I Customary Limitation ate limitation change nange nester Change [2] as of 01/08/1997	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medi		Thomas Parker 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 Safety Harbor		Provider Number:	0 319694-00
1410 Fourth Street North		Date:	7/24/2013
Safety Harbor FL 34695		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 202.01	New Rate 206.79	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim Component Settlement based on costs		re Total Prospective Prospective Adjusted f Total Prospective with	
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/01/2001	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plant	
Home Office: Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751	1		



Consulate Health Care of St. Petersburg			Provider Number:	0 319708-00
9393 Park Boulevard			Date:	7/24/2013
Seminole FL 33777			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 204.34	New Rate 209.16	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on co Prior Provider Prospect	ts		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual and Target R FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 11/03/1995	n
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate			LDE	
Home Office: Consulate Heat Kathy Urbanov 800 Concourse Maitland FL 32	ch Parkway South			



Consulate Health Care of Tallahassee			Provider Number:	0 319716-00
1650 Phillips Road			Date:	7/24/2013
Tallahassee FL 32308			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 190.87	New Rate 195.31	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on cosPrior Provider Prospect			e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Change	es:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual and Target R FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 04/01/1992	n
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent Permanent File		Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only No Change in Rate		2	120	· —
Home Office: Consulate Hea Kathy Urbanov 800 Concourse Maitland FL 32	ich Parkway South			



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:	7/24/2013
Winter Haven FL 33881		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 193.09	New Rate 197.59	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component	I	Total Prospective Prospective Adjusted f	
Settlement based on costs Prior Provider Prospective data Basis:		Total Prospective with	Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	Rating Change Customary Limitation te limitation change lange ester Change 2] as of 10/02/1998	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker Reimbursement Plant	
Home Office: Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751	ı		



Consulate Health Care of La	keland			Provider Number:	0 319953-00
5245 North Socrum Loop R	oad			Date:	7/24/2013
Lakeland FL 33809				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 180.99	New Rate 185.24	Effective Date 7/1/2013
Settlem	nterim n Component nent based on costs rovider Prospective data	X		re Total Prospective Prospective Adjusted to the Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk audit - Inter Desk Audit - Pros	rim portion s im Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 04/01/1998	on
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Med	licaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor informationNo Change in R	*			LDE	
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 New Port R 8417 County Road 54 New Port Richey FL 34653 Provider Type: Nursing Home Single Lev		Current Rate 183.28	Provider Number: Date: Fiscal Year End: Audit Status: New Rate 187.61	0 319970-00 7/24/2013 12/31/2011 Unaudited [3] Effective Date 7/1/2013
Rate Type : Interim Total Interim Component Settlement based Prior Provider Pr	ent on costs		e Fotal Prospective Prospective Adjusted : Fotal Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective po	1	Usual and Target Ra FRVS Ch	e Rating Change I Customary Limitation ate limitation change hange hester Change [2] as of 04/01/1998	on
Distribution: Contract Management / Fiscal A Permanent File For information Only No Change in Rate Home Office: Consula Kathy U: 800 Consula			Thomas Parker Reimbursement Plan	_



Consulate Health Care of North Ft. Myers		Provider	Number:	0 320111-00
991 Pondella Road			Date:	7/24/2013
North Ft. Myers FL 33903		Fiscal Y	ear End:	12/31/2011
			lit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Cur. Ra 184	rent Ne	w te	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim Component Settlement based on costs	XPro		e Adjusted 1	for New Costs 1 Interim Component
Prior Provider Prospective data Basis:	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	U: Ti FI X R:	censure Rating Ch sual and Customan arget Rate limitation RVS Change ate Semester Chan on FRV [2] as of 04	ry Limitatio on change ge	on
<u>Distribution:</u>		Thomas	s Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medica	id Cost Reimburs	ement Plan	_
Home Office: Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751				



Consulate Health Care of Port Cha	rlotte			Provider Number:	0 320129-00
18480 Toledo Blade Boulevard				Date:	7/24/2013
Port Charlotte FL 33948				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single I	ævel		Rate	New Rate 208.68	Effective Date 7/1/2013
Rate Type: Interim Total Interim Comp Interim Comp Settlement ba Prior Provider		X F		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim por Desk audited costs Desk audit - Interim Por Desk Audit - Prospective	tion	X	Usual and Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 03/12/1998	n
Distribution:				Thomas Parker	
Contract Management / Fisca	l Agent	Med	icaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate				L DE	
Kathy 800 C	culate Health Care, Inc. O Urbanovich Concourse Parkway South and FL 32751				



Consulate Health Care of Sara	asota			Provider Number:	0 320137-00
4783 Fruitville Road				Date:	7/24/2013
Sarasota FL 34232				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sing	gle Level		Current Rate 218.20	New Rate 223.92	Effective Date 7/1/2013
Settleme	terim Component ent based on costs ovider Prospective data	X		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited costs Field audit - interin Desk audit - Interin Desk Audit - Prosp	n portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 02/18/1998	n
Distribution:				Thomas Parker	
Contract Management / Permanent FileFor information CNo Change in Rat	only	Med		t Reimbursement Plans	
Tionic 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:	7/24/2013
Vero Beach FL 32960		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	191.53	196.01	7/1/2013
Rate Type: Interim Total Interim Interim Component	X Prospec	Total Prospective Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data		_ Total Prospective with	Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual Target FRVS X Rate S	sure Rating Change and Customary Limitation Rate limitation change Change emester Change EV [2] as of 04/01/1998	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Cost Reimbursement Plan	
Home Office: Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Care of West Palm F	Beach		Provider Number:	0 320153-00
1626 David Road			Date:	7/24/2013
West Palm Beach FL 33406			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Lev	el	Current Rate 205.12	New Rate 209.93	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Compone Settlement based Prior Provider Provid	ent on costs		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Cha	nges:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective po	ı	Usual and Target Ra FRVS Cl	e Rating Change d Customary Limitation ate limitation change nange nester Change [2] as of 04/01/1998	n
Distribution:			Thomas Parker	
Contract Management / Fiscal Ag	gent —	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File For information Only No Change in Rate			120	
Kathy Un 800 Cond	te Health Care, Inc. rbanovich course Parkway South FL 32751			



Zephyr Haven Health & Reh	ab Center, Inc.			Provider Number:	0 320391-00
38250 A Avenue				Date:	7/24/2013
Zephyrhills FL 33542				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	gle Level	_ _	Current Rate 197.23	New Rate 201.88	Effective Date 7/1/2013
Settleme	nterim Component ent based on costs ovider Prospective data	X	Prospectiv X	ve Total Prospective Prospective Adjusted to Total Prospective with	
Basis:		Changes	:		
Budget X Unaudited costs Field audited costs Field audit - interi Desk audited costs Desk Audit - Interi Desk Audit - Prosp	m portion m Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 06/28/1989	on
Distribution:				Thomas Parker	
Contract Management /	Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information (No Change in Ra	•			L DE	_
Home Office:	Adventist Care Centers				
	602 Courtland Street, Suite 2 Orlando FL 32804	00			



Zephyrhills Health & Rehab	Center, Inc.			Provider Number:	0 320404-00
7350 Dairy Road				Date:	7/24/2013
Zephyrhills FL 33540				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	<u>-</u>	Current Rate 204.82	New Rate 201.86	Effective Date 7/1/2013
Settlem	nterim a Component nent based on costs rovider Prospective data	X		re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:		Changes	:		
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk audit - Inter Desk Audit - Pros	im portion s im 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 06/23/1998	on
Distribution:				Thomas Parker	
Contract Management Permanent File	/ Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in R.	· ·		Z	l De	>
Home Office:	Sunbelt Health Care Centers Kevin Sadler 602 Courtland Street Orlando FL 32804	s,Inc.			



Sunbelt Health & Rehab Cer	nter - Apopka, Inc.			Provider Number:	0 320412-00
305 E. Oak Street				Date:	7/24/2013
Apopka FL 32703				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Chaudica [3]
-10/1401 -Jpc			Current	New	Effective
			Rate	Rate	Date
Nursing Home Sin	igle Level	_	204.68	205.95	7/1/2013
Rate Type :					
Interim		X	Prospective V		
Total Ir	Component		<u>X</u>	Total Prospective Prospective Adjusted:	for New Costs
	ent based on costs			Total Prospective with	
	rovider Prospective data			Total Prospective with	Timerim Component
Basis:		Changes	S:		
Budget			Licensur	e Rating Change	
X Unaudited costs		-	— Usual an	d Customary Limitatio	on
Field audited cost	S		_	ate limitation change	
Field audit - interior	=		FRVS C	hange	
Desk audited costs Desk audit - Interi		<u> X</u>	- Dota Con	nester Change	
Desk Audit - Pros		A		[2] as of 02/09/1993	
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	M	ledicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					_
For information (•		7	L-DC	>
No Change in Ra	ate				
Home Office:	Sunbelt Health Care Centers	s,Inc.			
	Kevin Sadler				
	602 Courtland Street Orlando FL 32804				
	OHAHQU FL 32804				



East Orlando Health & Rehab	Center, Inc.			Provider Number:	0 320421-00
250 S. Chickasaw Trail				Date:	7/24/2013
Orlando FL 32825				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sing	le Level		Current Rate 230.50	New Rate 232.25	Effective Date 7/1/2013
Settlemen	erim omponent at based on costs vider Prospective data	X		re Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim Desk audited costs Desk Audit - Interim Desk Audit - Prospe	Portion	Changes:	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 02/08/1993	on
Distribution: Contract Management / F Permanent File For information Or No Change in Rate Home Office:	iscal Agent			Thomas Parker t Reimbursement Plans	_



Adventist Care Centers - Courtl	and, Inc.			Provider Number:	0 320439-00
730 Courtland Street				Date:	7/24/2013
Orlando Fl 32804				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single	e Level		Current Rate 208.21	New Rate 213.13	Effective Date 7/1/2013
		X		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim Desk audited costs Desk audit - Interim I Desk Audit - Prospec	Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/27/2000	n
Distribution:				Thomas Parker	
Contract Management / Fi Permanent FileFor information Onl	-	Med		t Reimbursement Plan	
No Change in Rate Home Office:	dventist Care Centers				
60	2 Courtland Street, Suite 20 lando FL 32804	00			



Florida Living Nursing Center				Provider Number:	0 320463-00
3355 E. Semoran Blvd.				Date:	7/24/2013
Apopka FL 32703				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:		•	Current	New	Effective
Nursing Home Single	e Level	_	Rate 226.76	220.81	Date 7/1/2013
Rate Type : Interim Total Interim Constitution Constitut		<u>X</u>		re Total Prospective Prospective Adjusted t Total Prospective with	
Prior Prov	ider Prospective data	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim Desk audited costs Desk audit - Interim Desk Audit - Prospec	Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 08/24/1989	n
Distribution:				Thomas Parker	
Contract Management / Fi Permanent File	scal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
For information Onl No Change in Rate	y		Z	120	› —
Ke 60	unbelt Health Care Centers, evin Sadler 2 Courtland Street lando FL 32804	Inc.			



V7.016.1.2:HDY8M

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

Lehigh Acres Health & Rehabilitation Center		Provider Number:	0 320978-00
1550 Lee Boulevard		Date:	7/24/2013
Lehigh Acres FL 33936		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 243.66	New Rate 249.84	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	I	e Fotal Prospective Prospective Adjusted fotal Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	Rating Change Customary Limitation te limitation change lange ester Change [2] as of 05/01/1995	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plani	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		1-20	
Home Office: Greystone Healthcare Manage 4042 Park Oaks Blvd, Suite 300 Tampa FL 33610			



Ft. Lauderdale Health & Rehab Center		Provider Number:	0 321303-00
2000 E. Commercial Blvd.		Date:	7/24/2013
Ft. Lauderdale FL 33308		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:		Taudit Status	
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	228.41	233.78	7/1/2013
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:		
Dudoot	Licensur	e Rating Change	
Budget X 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		nester Change [2] as of 07/01/2007	
Desk Audit - Prospective portion Distribution:	Oli FKV		
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only		, 1 00	2
No Change in Rate	2	L DE	
Home Office: 1 - No Home Office			



The Palms Rehabilitation and Nursing Center		Provider Number:	0 321532-00
3370 NW 46th Terrace		Date:	7/24/2013
Lauderdale Lakes FL 33319		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 235.39	New Rate 241.17	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/1994	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	
Home Office: Hallmark Accounting Jacob Karmel 368 New Hempstead Road #30 New City NY 10956	9		



Coral Gables Nursing and Rehabilitation		Provider Number:	0 323772-00
7060 SW 8th Street		Date:	7/24/2013
Miami FL 33144		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 212.23	New Rate 221.75	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	1	e Fotal Prospective Prospective Adjusted : Fotal Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change I Customary Limitation ate limitation change nange ester Change [2] as of 11/01/1988	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Reimbursement Plan	_
Home Office: 1 - No Home Office			



Tarpon Point Nursing and Rehabilit	ation Center			Provider Number:	0 323781-00
5157 Park Club Drive				Date:	7/24/2013
Sarasota FL 34235				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single L	evel		Current Rate 227.02	New Rate 236.08	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Compo		X]		Total Prospective Prospective Adjusted	
Settlement bas Prior Provider Basis:	ed on costs Prospective data	Changes:		Total Prospective with	Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim port Desk audited costs Desk audit - Interim Port Desk Audit - Prospective	ion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 07/27/1990	n
Distribution:				Thomas Parker	
Contract Management / Fiscal	Agent	Med	licaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate			Z	120	·
5420 V	rred Care, Inc. West Plano Parkway TX 75093				



St. Andrew's Bay Skilled Nursing and Rehabilitatio		Provider Number:	0 323799-00
2100 Jenks Avenue		Date:	7/24/2013
Panama City FL 32405		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.56	New Rate 217.09	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospecti X	ve 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	Usual ar Target F FRVS C X Rate Ser	re Rating Change and Customary Limitation Rate limitation change Change mester Change [2] as of 01/01/2000	on
<u>Distribution:</u>			
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker st Reimbursement Plan	
Home Office: Preferred Care, Inc. 5420 West Plano Parkway Plano TX 75093			



Hampton Court Nursing Center		Provider Number:	0 324027-00
16100 NW 2nd Avenue		Date:	7/24/2013
North Miami Beach FL 33169		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	- Chadanea [5]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	244.33	250.71	7/1/2013
Rate Type :			
Interim	X Prospectiv	re	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs	D	C)	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 01/03/1991	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			-
For information Only	-7	L-20	>
No Change in Rate	~		
Home Office: 1 - No Home Office			



V7.016.1.2:HDY8M

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

Advanced Rehabilitation & He	ealth Center			Provider Number:	0 324094-00
401 FAIRWOOD AVENUE				Date:	7/24/2013
Clearwater FL 33759				Fiscal Year End:	2/29/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sing	gle Level		Current Rate	New Rate 240.47	Effective Date 7/1/2013
Settleme	Component nt based on costs	XI		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	vider Prospective data	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interin Desk audited costs Desk Audit - Interin Desk Audit - Prospe	n Portion	X	Usual and Target R FRVS Cl	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 02/01/2000	n
Distribution:				Thomas Parker	
Contract Management / l	Fiscal Agent	Med	icaid Cos	t Reimbursement Plans	ning and Finance
Permanent FileFor information ONo Change in Rat	•			L DE	
J	Hallmark Accounting facob Karmel 868 New Hempstead Road #309 New City NY 10956				



Bayside Rehabilitation & Health Center			Provider Number:	0 324108-00
811 Jackson Street North			Date:	7/24/2013
St. Petersburg FL 33705			Fiscal Year End:	2/29/2012
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		255.35	261.91	7/1/2013
Rate Type : Interim Total Interim Laterim Component	X	Prospectiv	Total Prospective	for Naw Costs
Interim Component Settlement based on costs Prior Provider Prospective	data		Prospective Adjusted Total Prospective with	
Basis:	Change	es:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual an Target R FRVS C	re Rating Change ad Customary Limitation cate limitation change Change mester Change [2] as of 10/01/2001	on
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent Permanent File	<u> </u>	Medicaid Cos	st Reimbursement Plan	ning and Finance
For information Only No Change in Rate		Z	120	-
Home Office: Hallmark Account Jacob Karmel 368 New Hempste New City NY 109	ead Road #309			



Excel Rehabilitation & Health Center		Provider Number:	0 324116-00
2811 Campus Hill Drive		Date:	7/24/2013
Tampa FL 33612		Fiscal Year End:	2/29/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 229.12	New Rate 235.25	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		ve Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange mester Change [2] as of 05/15/1995	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		t Reimbursement Plan	
Hallmark Accounting Jacob Karmel 368 New Hempstead Road #30 New City NY 10956	9		



Madison Pointe Rehabilitation & Health Center		Provider Number:	0 324124-00
6020 Indiana Avenue		Date:	7/24/2013
New Port Richey FL 34653		Fiscal Year End:	2/29/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 225.88	New Rate 231.36	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		ve Total Prospective Prospective Adjusted Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Sen	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 12/01/1995	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LRE	
Hallmark Accounting Jacob Karmel 368 New Hempstead Road #309 New City NY 10956)		



Shore Acres Rehabilitation & Health Center			Provider Number:	0 324132-00
4500 Indianapolis Street, NE			Date:	7/24/2013
St. Petersburg FL 33703			Fiscal Year End:	2/29/2012
			Audit Status:	Unaudited [3]
Provider Type:			114411 2141431	
• •		Current	New	Effective
	_	Rate	Rate	Date
Nursing Home Single Level	_	230.19	235.84	7/1/2013
Rate Type: Interim Total Interim Interim Component	X	Prospectiv X	re Total Prospective Prospective Adjusted 1	for New Costs
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data Basis:	Changes:	1		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/01/1993	on
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	M		L DE	_
Home Office: Hallmark Accounting Jacob Karmel 368 New Hempstead Road #3 New City NY 10956	09			



Woodbridge Rehabilitation & Health Center		Provider Number:	0 324141-00
8720 Jackson Springs Road		Date:	7/24/2013
Tampa FL 33615		Fiscal Year End:	2/28/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 225.73	New Rate 232.93	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		re Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 09/01/1994	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only		Thomas Parker t Reimbursement Plant	
Mo Change in Rate Home Office: Hallmark Accounting Jacob Karmel 368 New Hempstead Road #30 New City NY 10956			



Ocoee Health Care Facility		Provider Number:	0 324159-00
1556 Maguire Road		Date:	7/24/2013
Ocoee FL 34761		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	- Chadated [3]
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	217.62	<u>226.97</u>	7/1/2013
Rate Type : Interim	X Prospectiv		
Total Interim Interim Component		Total Prospective Prospective Adjusted to	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		1	1
Basis:	Changes:		
Budget	Licensur	re Rating Change	
X Unaudited costs		d Customary Limitatio	on
Field audited costs		tate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Ser	nester Change	
Desk Audit - Prospective portion		[2] as of 08/16/1990	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plans	ning and Finance
Permanent File			_
For information Only No Change in Rate	2	L-DE	>
Home Office: 1 - No Home Office			



Palmetto Rehabilitation and Health Center		Provider Number:	0 324167-00
6750 West 22nd Court		Date:	7/24/2013
Hialeah FL 33016		Fiscal Year End:	2/29/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 248.13	New Rate 254.21	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 09/02/1987	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Hallmark Accounting Jacob Karmel 368 New Hempstead Road #36 New City NY 10956	2	Thomas Parker t Reimbursement Plant	_



Courtyards of Orlando		Provider Number:	0 324175-00
1900 Mercy Drive		Date:	7/24/2013
Orlando FL 32808		Fiscal Year End:	2/29/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 213.87	New Rate 218.83	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		re Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/1991	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plant	
Home Office: Hallmark Accounting Jacob Karmel 368 New Hempstead Road #30 New City NY 10956	9		



Royal Care of Avon Park		Provider Number:	0 324213-00
1213 W. Stratford Rd.		Date:	7/24/2013
Avon Park FL 33825		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	193.62	<u> 198.12</u> _	7/1/2013
Rate Type :			
Interim	X Prospectiv		
Total Interim Interim Component		Total Prospective Prospective Adjusted to	for Naw Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		Total Flospective with	i internii Component
	CI.		
Basis:	Changes:		
Dudget	Licensur	e Rating Change	
Budget X Unaudited costs		d Customary Limitatio	ın
Field audited costs		ate limitation change	11
Field audit - interim portion	FRVS C	=	
Desk audited costs		C	
Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 01/01/1986	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	Wiedleard Cos		and I manee
For information Only	-7	L-20	>
No Change in Rate	~		
Home Office: 1 - No Home Office			
Home Office.			



Seminole Pavilion Rehabilitation & Nursing Service		Provider Number:	0 324230-00
10800 Temple Terrace		Date:	7/24/2013
Seminole FL 33772		Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 202.64	New Rate 207.36	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 07/01/1988	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214			



Freedom Square Rehabilitation & Nursing Services		Provider Number:	0 324248-00
10801 Johnson Blvd.		Date:	7/24/2013
Seminole Fl 33772		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 202.38	New Rate 207.60	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospecti X	ve 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	Usual ar Target F FRVS C X Rate Ser	re Rating Change and Customary Limitation Rate limitation change Change mester Change [2] as of 02/19/2002	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker	_
Home Office: Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214			



Heritage Park Care and Rehabilitation Center			Provider Number:	0 324345-00
2302 59th Street West			Date:	7/24/2013
Bradenton FL 34209			Fiscal Year End:	9/30/2012
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level	- -	197.90	204.77	7/1/2013
Rate Type: InterimTotal InterimInterim Component Settlement based on costs	X	Prospectiv X	ve Total Prospective Prospective Adjusted Total Prospective with	
Prior Provider Prospective data Basis:	Change	s:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual an Target R FRVS C Rate Ser	re Rating Change and Customary Limitation that elimitation change thange mester Change [2] as of 08/31/1994	on
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	N		st Reimbursement Plan	_
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				



Washington Rehabilitation &	Nursing Center			Provider Number:	0 324353-00
879 Usery Road	_			Date:	7/24/2013
Chipley FL 32428				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	gle Level	_	Current Rate	New Rate 205.02	Effective Date 7/1/2013
	gre zever	<u>-</u>			11212010
Settleme	iterim Component ent based on costs ovider Prospective data	X		re Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interi Desk audited costs Desk audit - Interi Desk Audit - Prosp	m portion m Portion	Changes	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 12/31/2001	on
Distribution:				Thomas Parker	
Contract Management / Permanent File For information C No Change in Ra	Only	M		t Reimbursement Plan	_
	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				



Chautauqua Rehabilitation & Nursing Center		Provider Number:	0 324361-00
785 South 2nd Street		Date:	7/24/2013
Defuniak Springs FL 32435		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 202.57	New Rate 202.87	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospect	tive _ Total Prospective _ Prospective Adjusted to _ Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual a Target FRVS X Rate So	ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 03/01/1989	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only		ost Reimbursement Plan	
No Change in Rate	2	26-20	
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Signature HealthCARE of College Park			Provider Number:	0 324370-00
13755 Golf Club Parkway			Date:	7/24/2013
Fort Myers FL 33919-5146			Fiscal Year End:	9/30/2012
			Audit Status:	Unaudited [3]
Provider Type:	(Current Rate	New Rate	Effective Date
Nursing Home Single Level		206.09	210.87	7/1/2013
Rate Type: InterimTotal InterimInterim Component	X	Prospectiv X	Total Prospective Prospective Adjusted	
Settlement based on costs Prior Provider Prospective date	a		Total Prospective with	Interim Component
Basis:	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/31/1994	on
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Med		t Reimbursement Plan	_
For information Only No Change in Rate		Z	L-DE	>
Home Office: Signature Healthcare Julie Kleiser 12201 Bluegrass Park Louisville KY 40299				



Signature HealthCARE of Gainesville	Provider Number:	0 324388-00
4000 South West 20th Avenue	Date:	7/24/2013
Gainesville FL 32607	Fiscal Year End:	9/30/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 200.94 199.31	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 03/08/2004	n
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information Only No Change in Rate	Medicaid Cost Reimbursement Plant	
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299		



Signature Healthcare of No	rth Florida			Provider Number:	0 324396-00
1083 Sanders Avenue				Date:	7/24/2013
Graceville FL 32440				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				riudit Status.	- Chadanea [5]
5 F			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home Sin	ngle Level	_	208.80	<u>195.81</u>	7/1/2013
Interin	Interim n Component	X	Prospectiv X	Total Prospective Prospective Adjusted	
	Provider Prospective data	Changes	:	Total Prospective with	Tinterini Component
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk Audit - Inter Desk Audit - Pro	rim portion ts rim Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 06/28/1991	n
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor informationNo Change in R	cate			120	_
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				



Signature HealthCARE Center of Waterfo	ord			Provider Number:	0 324400-00
8333 W. Okeechobee Road				Date:	7/24/2013
Hialeah Gardens FL 33016				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				riddit Status.	
- J.F		(Current	New	Effective
			Rate	Rate	Date
Nursing Home Single Level			196.64	197.67	7/1/2013
Rate Type : Interim Total Interim		X		Total Prospective Prospective Adjusted	
Settlement based on Prior Provider Prosp				Total Prospective with	i interim Component
Basis:		Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	on	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange mester Change [2] as of 01/01/2001	on
<u>Distribution:</u>				Thomas Parker	
Contract Management / Fiscal Agen	nt	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information Only No Change in Rate		=:40		L DE	
Julie Kleise	grass Parkway				



Signature Healthcare of Broo	okwood Gardens			Provider Number:	0 324418-00
1990 South Canal Drive				Date:	7/24/2013
Homestead FL 33035				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				Tadit Status.	- Chaudited [e]
J.F.			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home Sin	gle Level	_	206.97	211.14	7/1/2013
	nterim Component ent based on costs	X	Prospectiv X	ve Total Prospective Prospective Adjusted Total Prospective with	
	rovider Prospective data	Changes	<u> </u>	1	1
Budget X Unaudited costs Field audited cost Field audit - interi Desk audited costs Desk Audit - Interi Desk Audit - Pros	m portion s m Portion	X	Usual an Target R FRVS C	re Rating Change ad Customary Limitation cate limitation change Change mester Change [2] as of 11/01/1989	on
Distribution:				Thomas Parker	
Contract Management	Fiscal Agent	M	ledicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File For information (ate			l De	_
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:	7/24/2013
Marianna FL 32446			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	_	Current Rate 197.24	New Rate 202.23	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 08/27/1997	n
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only	Me		t Reimbursement Plan	-
No Change in Rate		2	L DE	
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				



V7.016.1.2:HDY8M

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

Signature Healthcare of Orange Park		Provider Number:	0 324434-00
2029 Professional Center Drive	-	Date:	7/24/2013
Orange Park FL 32073	_	Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 212.91	New Rate 201.06	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospectiv	ve Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	re Rating Change ad Customary Limitatio ate limitation change thange mester Change [2] as of 09/01/1994	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		st Reimbursement Plan	
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



V7.016.1.2:HDY8M

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

Signature Healthcare of Orn	nond			Provider Number:	0 324442-00	
103 N. Clyde Morris Blvd				Date:	7/24/2013	
Ormond Beach FL 32074				Fiscal Year End:	9/30/2012	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Sin	ngle Level		Current Rate 220.36	New Rate 214.17	Effective Date 7/1/2013	
Settlem	nterim n Component nent based on costs rovider Prospective data	X	Prospectiv X	re Total Prospective Prospective Adjusted total Prospective with		
Basis:		Changes:				
Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Inter Desk Audit - Pros	im portion s im Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 05/20/1988	on	
Distribution:				Thomas Parker		
Contract Management	/ Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent FileFor informationNo Change in R	•			LDE	-	
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299					



Anchor Care & Rehabilitation Center		Provider Number:	0 324451-00
1515 Port Malabar Blvd. NE		Date:	7/24/2013
Palm Bay FL 32905		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 202.13	New Rate 198.93	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospectiv	ve Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Ser	re Rating Change ad Customary Limitation ate limitation change thange mester Change [2] as of 08/31/1994	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		st Reimbursement Plans	
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



V7.016.1.2:HDY8M

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

Pinellas Park Care and Rehabilitation Center		Provider Number:	0 324469-00
8701 49th Street North		Date:	7/24/2013
Pinellas Park FL 33782		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 193.12	New Rate 199,26	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospect X	ive Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual a Target I FRVS 0 X Rate Se	are Rating Change and Customary Limitatio Rate limitation change Change mester Change [7] 2] as of 03/01/1997	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		ost Reimbursement Plans	
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Signature Healthcare of Port Charlotte 4033 Beaver Lane Port Charlotte FL 33952 Provider Type: Nursing Home Single Level	-	Current Rate 219.18	Provider Number: Date: Fiscal Year End: Audit Status: New Rate 215.15	0 324477-00 7/24/2013 9/30/2012 Unaudited [3] Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	<u>X</u>	Prospectiv X	re Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Change	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange mester Change [2] as of 08/31/1994	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299	N		Thomas Parker t Reimbursement Plan	-



Provider Type: Current Rate	Rate	7/24/2013 9/30/2012 Unaudited [3] Effective Date 7/1/2013		
Provider Type: Current Rate Nursing Home Single Level 193.97 1	Year End: Audit Status: New F Rate	Unaudited [3] Effective Date		
Provider Type: Current Rate Provider Type: Current Rate Provider Type: Provider	New E	Unaudited [3] Effective Date		
Provider Type: Current Rate Nursing Home Single Level 193.97 1	New E	Effective Date		
Nursing Home Single Level Current Rate 193.97 1	Rate	Date		
Nursing Home Single Level 193.97 1				
	89.95 7	//1/2013		
Rate Type :				
Interim X Prospective				
	ospective			
	ive Adjusted for It ospective with Int			
Prior Provider Prospective data	ospective with int	eriii Component		
Basis: Changes:				
Dasis.				
Budget Licensure Rating	Change			
X Unaudited costs Usual and Custor	•			
Field audited costs Target Rate limits	ation change			
Field audit - interim portion FRVS Change				
Desk audited costs				
Desk audit - Interim Portion Desk Audit - Prospective portion X Rate Semester Ch On FRV [2] as of				
Distribution:	and Douber			
Contract Management / Fiscal Agent	Thomas Parker Medicaid Cost Reimbursement Planning and Finance			
Permanent File Medicaid Cost Reimbi	irsement Planning	g and Finance		
For information Only	RC			
No Change in Rate	-de	-		
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				



Kenilworth Care and Rehabilitation Center		Provider Number:	0 324493-00
3011 Kenilworth Blvd.		Date:	7/24/2013
Sebring FL 33870		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 192.65	New Rate 189.14	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospect	tive _ Total Prospective _ Prospective Adjusted to _ Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual a Target FRVS X Rate Se	ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 07/01/1986	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		ost Reimbursement Plans	
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Peninsula Care and Rehabilitation Center			Provider Number:	0 324507-00
900 Beckett Way			Date:	7/24/2013
Tarpon Springs FL 34689			Fiscal Year End:	9/30/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	_	Current Rate	New Rate 206.94	Effective Date 7/1/2013
	_	210110	200.54	1112010
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	X	Prospectiv X	ve Total Prospective Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data Basis:	Changes	:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 03/01/1995	n
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate	M		t Reimbursement Plan	
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				



Winter Park Care and Rehabilitation Center	Provider Number: 0 324515-00
2970 Scarlet Road	Date: 7/24/2013
Winter Park FL 32792	Fiscal Year End: 9/30/2012
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 208.62 208.73 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Basis:	Changes:
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 08/31/1994
<u>Distribution:</u>	Thomas Parker
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File For information Only No Change in Rate	2620
Home Office: Signature Healthcare Julie Kleiser 12201 Bluegrass Park Louisville KY 40299	xway



Southern Oaks Rehabilitation and	l Nursing Center			Provider Number:	0 324566-00
600 West Gregory Street				Date:	7/24/2013
Pensacola FL 32501				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single	Level		Current Rate	New Rate 216.89	Effective Date 7/1/2013
		X I		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim po Desk audited costs Desk audit - Interim Po Desk Audit - Prospecti	ortion		Usual and Target Ra FRVS Cl	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 11/01/1988	on
Distribution:				Thomas Parker	
Contract Management / Fisc	cal Agent	Med	icaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		1.100		LZE	
Jace 368	Ilmark Accounting bb Karmel New Hempstead Road #309 w City NY 10956				



Terraces of Lake Worth Rehab and Health Center		Provider Number:	0 325031-00
1711 6th Avenue South		Date:	7/24/2013
Lake Worth FL 33460		Fiscal Year End:	2/29/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 245.88	New Rate 251.63	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/01/1986	n
Distribution:	OHTKV	<u> </u>	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Hallmark Accounting		Thomas Parker t Reimbursement Plan	
Jacob Karmel 368 New Hempstead Road #30 New City NY 10956	9		



Arbor Village Nursing Center				Provider Number:	0 325040-00
490 South Old Wire Road				Date:	7/24/2013
Wildwood FL 34785		ı		Fiscal Year End:	2/29/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
AT 1 TT G1 1	.	-	Rate	Rate	Date
Nursing Home Singl	e Level	_	213.28	218.19	7/1/2013
Rate Type : Interim Total Interim Countries		X	Prospectiv	ve Total Prospective Prospective Adjusted	for New Costs
	t based on costs ider Prospective data			Total Prospective with	1 Interim Component
Basis:		Change	S:		
Budget			Licensur	e Rating Change	
X 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 Sar	nester Change	
Desk Audit - Prospec				[2] as of 10/01/1985	
Distribution:				Thomas Parker	
Contract Management / Fi	iscal Agent	N	Iedicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File					
For information On	•		2	L DE	>
No Change in Rate					
Ja 36	Hallmark Accounting Icob Karmel 58 New Hempstead Road # ew City NY 10956	#309			



North Lake Rehabilitation and Health Center		Provider Number:	0 325163-00
750 Bayberry Drive		Date:	7/24/2013
Lake Park FL 33403		Fiscal Year End:	2/29/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 249.42	New Rate 255.32	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R: FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 02/01/2000	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Hallmark Accounting Jacob Karmel 368 New Hempstead Road #36 New City NY 10956	2	Thomas Parker t Reimbursement Plant	



Heartland Health Care Center-Jacksonville		Provider Number:	0 325236-00
8495 Normandy Boulevard		Date:	7/24/2013
Jacksonville FL 32221		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tradit Status.	emadated [e]
- J. P. C.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	193.07	186.01	7/1/2013
Rate Type: InterimTotal InterimInterim Component Settlement based on costs	X Prospecti X	ve Total Prospective Prospective Adjusted Total Prospective with	
Prior Provider Prospective data		- Total Prospective with	Timerini Component
Basis:	Changes:		
Budget	Licensu	re Rating Change	
X Unaudited costs		nd Customary Limitatio	on
Field audited costs		Rate limitation change	
Field audit - interim portion	FRVS (Change	
Desk audited costs Desk audit - Interim Portion	X Rate Se	mester Change	
Desk Audit - Prospective portion		7 [2] as of 01/12/1990	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent File			
For information Only	2	200	>
No Change in Rate		-	
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



V7.016.1.2:HDY8M

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

Heartland Health Care Center-Kendall			Provider Number:	0 325244-00
9400 SW 137th Avenue			Date:	7/24/2013
Kendall FL 33186			Fiscal Year End:	6/30/2012
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home Single Level	=	206.91	212.02	7/1/2013
Automic Tomic Single Level	=	200.71		7/1/2013
Rate Type :				
Interim	X	Prospectiv	ve	
Total Interim		X	Total Prospective	
Interim Component			Prospective Adjusted	
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Change	s:		
Budget		Licensur	re Rating Change	
X Unaudited costs			nd Customary Limitation	on
Field audited costs			tate limitation change	
Field audit - interim portion		FRVS C	Change	
Desk audited costs			C4	
Desk audit - Interim Portion Desk Audit - Prospective portion	X		nester Change [2] as of 08/31/1989	
Distribution:		OllTRV		
Contract Management / Fiscal Agent			Thomas Parker	
Permanent File	N	Iedicaid Cos	st Reimbursement Plan	ning and Finance
For information Only		-	11 00	2
No Change in Rate		2	L DE	
Home Office: HCR Manor Care				
Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Heartland Health Care Center-Miami Lakes		Provider Number:	0 325252-00
5725 NW 186th Street		Date:	7/24/2013
Hialeah FL 33015		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 206.03	New Rate 210.68	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		re Total Prospective Prospective Adjusted : Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Sen	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 09/14/1990	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate		t Reimbursement Plan	_
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland Health Care Center-Orange Park		Provider Number:	0 325261-00
570 Wells Road		Date:	7/24/2013
Orange Park FL 32073		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 198.82	New Rate 203.91	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs	X Prospectiv	ve Total Prospective Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Ser	re Rating Change and Customary Limitation ate limitation change thange mester Change [2] as of 04/26/1990	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		t Reimbursement Plan	_
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



ManorCare Nursing and Rehabilitation Center	Provider Number: 0 325279-00
2075 Lochmond Drvie	Date: 7/24/2013
Winter Park FL 32792	Fiscal Year End: 9/30/2012
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 206.23 190.62 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change
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 Medicaid Cost Reimbursement Planning and Finance



Heartland Health Care Center of South Jacksonville	Provider Number: 0 325287-00
3648 University Boulevard	Date: 7/24/2013
Jacksonville FL 32216	Fiscal Year End: 5/31/2012
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 201.34 206.92 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change
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 Medicaid Cost Reimbursement Planning and Finance



Heartland of Brooksville		Provider Number:	0 325295-00
575 Lamar Ave		Date:	7/24/2013
Brooksville FL 34601		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 197.47	New Rate 194.38	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospectiv	ve Total Prospective Prospective Adjusted : Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target R FRVS C X Rate Ser	re Rating Change ad Customary Limitation tate limitation change thange mester Change [2] as of 01/01/1988	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate		st Reimbursement Plan	
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland Health Care Center-Boynto	on Beach			Provider Number:	0 325309-00
3600 Old Boynton Beach				Date:	7/24/2013
Boynton Beach FL 33436				Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Le	vel	_	Current Rate 188.54	New Rate 193.44	Effective Date 7/1/2013
Interim Total Interim Interim Compon Settlement bases Prior Provider P	d on costs	X		e Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion	on	Changes:	Usual and	e Rating Change d Customary Limitatio ate limitation change nange	n
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective p		X		nester Change [2] as of 01/16/1992	
Distribution:				Thomas Parker	
Contract Management / Fiscal A Permanent File	Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
For information Only No Change in Rate			2	120	» —
Julie Yo	Manor Care Extherimer Exth Summit Street OH 43604				



V7.016.1.2:HDY8M

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

Heartland Health Care Cent	er-Ft. Myers			Provider Number:	0 325325-00
1600 Matthew Drive				Date:	7/24/2013
Ft. Myers FL 33907				Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Sin	ngle Level	_	194.18	190.97	7/1/2013
	Interim n Component nent based on costs	X	Prospectiv X	ve Total Prospective Prospective Adjusted Total Prospective with	
Prior F	Provider Prospective data			Total Prospective with	i internii Component
Basis:		Changes	S:		
Budget X Unaudited costs Field audited cos Field audit - inter Desk audited cos Desk Audit - Inter Desk Audit - Pro	rim portion ts rim Portion	X	Usual an Target R FRVS C	re Rating Change and Customary Limitation ate limitation change thange mester Change [2] as of 04/25/1991	on
Distribution:				Thomas Parker	
Contract Management Permanent File For information No Change in R	Only	N		st Reimbursement Plan	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Heartland Health Care Cente	er-Lauderhill			Provider Number:	0 325333-00
2599 NW 55th Avenue				Date:	7/24/2013
Lauderhill FL 33313				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	_	Current Rate 200.03	New Rate 204.72	Effective Date 7/1/2013
	nterim Component ent based on costs	X	Prospectiv X	re Total Prospective Prospective Adjusted: Total Prospective with	
Prior	rovider Prospective data	Changes:			
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk Audit - Inter Desk Audit - Pros	im portion s im Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 12/27/1989	n
Distribution: Contract Management Permanent File For information No Change in R.	Only	Me		Thomas Parker t Reimbursement Plan	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Heartland Health Care Center-Prosperity Oaks		Provider Number:	0 325341-00
11375 Prosperity Farms Road		Date:	7/24/2013
Palm Beach FL 33410		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 207.86	New Rate 200.09	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospecti X	ve 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	Usual ar Target F FRVS C X Rate Ser	re Rating Change and Customary Limitation Rate limitation change Change mester Change 7 [2] as of 07/07/1992	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker st Reimbursement Plan	
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland of Tamarac				Provider Number:	0 325350-00
5901 NW 79th Avenue				Date:	7/24/2013
Tamarac FL 33321				Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home Si	ngle Level	_	209.47	207.12	7/1/2013
Interin Settler	Interim n Component nent based on costs Provider Prospective data	X	Prospectiv X	re Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes	s:		
Budget			Licensur	e Rating Change	
X Unaudited costs			Usual an	d Customary Limitatio	on
Field audited cos	its		Target R	ate limitation change	
Field audit - inte	rim portion		FRVS C	hange	
Desk audited cos			_		
Desk audit - Inter Desk Audit - Pro		X	_	nester Change [2] as of 07/07/1988	
Distribution:	spective portion		OHTICV	Thomas Parker	
Contract Management	/ Fiscal Agent		Indignid Cos	t Reimbursement Plan	ning and Finance
Permanent File		14.	icaicaia Cos	a Reimoursement i lan	mis and i manec
For information	Only		~~	120	>
No Change in R	Rate		2	- ac	
Home Office:	HCR Manor Care				
Home office.	Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



ManorCare Health Services (Boca Raton)			Provider Number:	0 325368-00
375 Northwest 51st Street			Date:	7/24/2013
Boca Raton FL 33431			Fiscal Year End:	5/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	_	Current Rate 195.57	New Rate 200.11	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	Prospectiv X	ve 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	Changes:	Usual an Target R FRVS C	nester Change	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Stree			Thomas Parker at Reimbursement Plant	



ManorCare Health Services-Boynton Beach	Provider Number: 0 325376-00
3001 S Congress Ave	Date: 7/24/2013
Boynton Beach FL 33426	Fiscal Year End: 5/31/2012
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 207.01 211.79 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change
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	Thomas Parker Medicaid Cost Reimbursement Planning and Finance



ManorCare Health Services		Provider Number:	0 325384-00
13881 Eagle Ridge Drive		Date:	7/24/2013
Ft. Myers Fl 33912		Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 203.14	New Rate 208.28	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospectiv	ve Total Prospective Prospective Adjusted : Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target R FRVS C	re Rating Change and Customary Limitation that claim itation change thange mester Change [2] as of 05/01/2000	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate		st Reimbursement Plan	_
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Manor Care @ Lely Palms	Provider Number: 0 325422-00
6135 Rattlesnake Hammock Road	Date: 7/24/2013
Naples FL 34113	Fiscal Year End: 9/30/2012
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 219.14 220.38 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X ProspectiveX Total ProspectiveProspective Adjusted for New CostsTotal Prospective with Interim Component
Basis:	Changes: Licensure Rating Change
X Unaudited costs Field audited costs Field audit - interim portion	Usual and Customary Limitation Target Rate limitation change FRVS Change
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Semester Change
<u>Distribution:</u>	Thomas Parker
Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate	Medicaid Cost Reimbursement Planning and Finance
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604	



ManorCare Nursing and Rehabilitation Center	Provid	ler Number:	0 325449-00
3601 Lakewood Blvd	_	Date:	7/24/2013
Naples FL 34112	- Fiscal	Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate	New Rate	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	Prospect		for New Costs 1 Interim Component
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Usual and Custon Target Rate limita FRVS Change X Rate Semester Ch	nary Limitatio ation change	n
Distribution: Contract Management / Fiscal Agent	·	nas Parker	
Permanent FileFor information OnlyNo Change in Rate	Medicaid Cost Reimbu	ursement Plan	_
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



ManorCare Health Services (Plantation)		Provider Number:	0 325457-00
6931 W Sunrise Blvd		Date:	7/24/2013
Plantation FL 33313		Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 202.00	New Rate 206.62	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective of	X Prospectiv X	ve Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	re Rating Change ad Customary Limitatio ate limitation change hange mester Change	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Toledo OH 43604	Z	Thomas Parker at Reimbursement Plans	



ManorCare Health Services-Sarasota			Provider Number:	0 325465-00
5511 Swift Road			Date:	7/24/2013
Sarasota FL 34231			Fiscal Year End:	5/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	-	Current Rate 198.07	New Rate 202.66	Effective Date 7/1/2013
Rate Type : Interim Total Interim	X	_ Prospectiv	ve Total Prospective	
Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted : Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes X	Licensur Usual an Target R FRVS C	re Rating Change and Customary Limitation cate limitation change change mester Change [2] as of 12/01/1996	on
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent Permanent File	N	ledicaid Cos	st Reimbursement Plan	ning and Finance
For information Only No Change in Rate		Z	l De	<u> </u>
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Stre Toledo OH 43604	et			



ManorCare Health Services		Provider Number:	0 325473-00
1450 E. Venice		Date:	7/24/2013
Venice FL 34292		Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 219.05	New Rate 224.56	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Pr	otal Prospective ospective Adjusted to otal Prospective with	for New Costs 1 Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and C Target Rate FRVS Char X Rate Semes		on
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 Reimbursement Plant	



ManorCare Health Services-West Palm Beach		Provider Number:	0 325481-00
2300 Village Blvd		Date:	7/24/2013
West Palm Beach FL 33409		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 206.86	New Rate	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospec	ctive Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual Targe FRVS X Rate S	sure Rating Change and Customary Limitation t Rate limitation change S Change Semester Change RV [2] as of 06/01/1996	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File		Cost Reimbursement Plans	
For information Only No Change in Rate		2120) —
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland Health Care Center-North Sarasota		Provider Number:	0 325490-00
3250 12th Street		Date:	7/24/2013
Sarasota FL 34237		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 213.56	New Rate 200.73	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospecti X	ve 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	Usual ar Target F FRVS C	re Rating Change and Customary Limitation Rate limitation change Change mester Change [2] as of 10/01/1985	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	2	120	· —
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



ManorCare Health Services (Delray Beach)		Provider Number:	0 325520-00
16200 Jog Road		Date:	7/24/2013
Delray Beach FL 33446		Fiscal Year End:	4/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 193.05	New Rate 197.50	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospecti X	ve Total Prospective Prospective Adjusted Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target F FRVS C X Rate Ser	re Rating Change and Customary Limitation Rate limitation change Change mester Change [2] as of 02/17/1999	on
<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	120	
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



ManorCare Health Services-Carrollwood		Provider Number:	0 325678-00
3030 W. Bearass Avenue		Date:	7/24/2013
Tampa FL 33618		Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 214.52	New Rate 219.91	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospectiv	ve Total Prospective Prospective Adjusted t Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/20/1990	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		t Reimbursement Plan	
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



ManorCare Health Services	-Dunedin			Provider Number:	0 325686-00
870 Patricia Ave				Date:	7/24/2013
Dunedin FL 34698				Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home Sin	ngle Level	_	190.81	195.74	7/1/2013
	Interim n Component nent based on costs	X	Prospectiv X	ve Total Prospective Prospective Adjusted Total Prospective with	
Prior F Basis:	Provider Prospective data	Changes	<u> </u>		
Budget X Unaudited costs Field audited cos Field audit - inter Desk audited cos Desk audit - Inter Desk Audit - Pro	rim portion ts rim Portion	X	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 05/01/1996	on
Distribution:				Thomas Parker	
Contract Management Permanent File	· ·	N		t Reimbursement Plan	_
For information No Change in R	•		Z	L-DE	-
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



V7.016.1.2:HDY8M

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

ManorCare Health Services	-Palm Harbor			Provider Number:	0 325694-00
2851 Tampa Road				Date:	7/24/2013
Palm Harbor FL 34684				Fiscal Year End:	5/31/2012
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home Sin	ngle Level	-	194.62	199.60	7/1/2013
Interin	Interim n Component nent based on costs	X	Prospectiv X	ve Total Prospective Prospective Adjusted Total Prospective with	
Prior F	Provider Prospective data	- Cu		Total Prospective with	Timorimi Component
Budget X Unaudited costs Field audited cos Field audit - inte Desk audited cos Desk Audit - Inter Desk Audit - Pro	rim portion ts rim Portion	Changes X	Licensur Usual an Target R FRVS C	re Rating Change ad Customary Limitation ate limitation change blange mester Change [2] as of 09/28/1990	on
Distribution:				Thomas Parker	
Contract Management Permanent File For information No Change in R	Only	M		et Reimbursement Plan	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604		5000		



Heartland of Zephyrills				Provider Number:	0 325708-00	
38220 Henry Drive				Date:	7/24/2013	
Zephyrhills FL 33540				Fiscal Year End:	9/30/2012	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Sin	ngle Level		Current Rate 192.72	New Rate 197.69	Effective Date 7/1/2013	
Settlem	nterim Component nent based on costs rovider Prospective data	X		re Total Prospective Prospective Adjusted f Total Prospective with		
Basis:	novider Prospective data	Changes:				
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk Audit - Inter Desk Audit - Pros	im portion s im Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 02/04/1988	n	
Distribution:				Thomas Parker		
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance				
Permanent File For information No Change in R	· · · · ·		2	L DE	· 	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604					



Moosehaven, Inc.		Provider Number:	0 326011-00		
1701 Park Avenue		Date:	7/24/2013		
Orange Park FL 32073		Fiscal Year End:	4/30/2012		
		Audit Status:	Unaudited [3]		
Provider Type:		Addit Status.	Chaudica [5]		
1101Me1 1, per	Current	New	Effective		
	Rate	Rate	Date		
Nursing Home Single Level	209.88	214.83	7/1/2013		
Rate Type :	X Prospectiv	e			
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	Licensure	e Rating Change			
X Unaudited costs	Usual and	d Customary Limitatio	on		
Field audited costs		ate limitation change			
Field audit - interim portion	FRVS CI	hange			
Desk audited costs Desk audit - Interim Portion	X Rate Sem	nester Change			
Desk Audit - Prospective portion		[2] as of 04/17/2008			
<u>Distribution:</u>		Thomas Parker			
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File					
For information Only	ZL-DC				
No Change in Rate	30				
Home Office: 1 - No Home Office					