

Surrey Place Care Center				Provider Number:	0 001135-00
110 Southeast Lee Avenue				Date:	1/9/2014
Live Oak FL 32060				Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Onaudica [5]
i i o vider i j per			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home Si	ngle Level	_	218.41	221.60	1/1/2014
Rate Type :					
Interim		X	Prospectiv	/e	
	Interim		X	Total Prospective	
Interir	m Component			Prospective Adjusted	for New Costs
Settler	ment based on costs			Total Prospective with	Interim Component
Prior I	Provider Prospective data				
Basis:		Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited costs				d Customary Limitatio	n
Field audited cos	sts		Target R	ate limitation change	
Field audit - inte	_		FRVS C	hange	
Desk audited cos					
Desk audit - Inte Desk Audit - Pro		X		nester Change [2] as of 01/21/1988	
Distribution:	spective portion		OllTRV	Thomas Parker	
Contract Management	t / Fiscal Agent		adjanid Cos	t Reimbursement Plan	ning and Finance
Permanent File		IVI	edicaid Cos	a Kennouisement Plan	ming and finance
For information	o Only		~~~	120	>
No Change in I	Rate		2	-al	
Home Office:	Signature Healthcare LLC				
поше Опісе:	Julie Kleiser				
	12201 Bluegrass Parkway Louisville KY 40299				



Signature HealthCARE of Palm Beach		Provider Number:	0 001136-00
4405 Lakewood Road		Date:	1/9/2014
Lake Worth FL 33461		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curren Rate 220.7	Rate	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	X Prospo		
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	Usua Targ FRV X Rate	nsure Rating Change Il and Customary Limitation et Rate limitation change S Change Semester Change RV [2] as of 07/01/1988	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only	Medicaid	Cost Reimbursement Plan	_
No Change in Rate		ZL-DE	
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Florida Baptist Retirement Center		Provider Number:	0 001416-00
1006 33rd St.		Date:	1/9/2014
Vero Beach FL 32960		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Chaudited [5]
Trovider Types	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	195.58	201.62	1/1/2014
Rate Type:Interim	X Prospectiv		
Total Interim Interim Component		Total Prospective	for Naw Costs
Interim Component Settlement based on costs		Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data		Total Prospective with	memi component
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 C	hange	
Desk audited costs	D (C	, GI	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 07/30/2008	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plani	ning and Finance
Permanent File			
For information Only No Change in Rate	Z	L-DE	>
Home Office: 1 - No Home Office			



Village Place Health and Rehab Center		Provider Number:	0 002400-00
2370 Harbor Blvd.		Date:	1/9/2014
Port Charlotte FL 33952		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 247.37	New Rate 245.39	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior 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	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 09/22/1987	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	Č
Home Office: Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite 3 Tampa FL 33610			



Trinity Regional Rehab Center			Provider Number:	0 003521-00
2144 Welbilt Boulevard			Date:	1/9/2014
Trinity FL 34655			Fiscal Year End:	12/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	_ _	Current Rate 209.16	New Rate 210.61	Effective Date 1/1/2014
Rate Type :				
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X		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	Changes	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 11/25/2008	on
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Mo		t Reimbursement Plan	
Home Office: Traditions Management of 24641 US Highway 19 North Clearwater FL 33763				



Osceola Health Care Center	Provider Number:	0 005219-00
4201 W. New Nolte Rd.	Date:	1/9/2014
St. Cloud FL 34772	Fiscal Year End:	6/30/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 218.88 219.73	Effective Date 1/1/2014
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 Changes: Licensure Rating Change Usual and Customary Limitati Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 10/28/1991	h Interim Component
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Plan	nning and Finance
Permanent FileFor information OnlyNo Change in Rate	21-26	2
Home Office: 1 - No Home Office		



Debary Manor		Provider Number:	0 005372-00
60 N. Highway 17-92		Date:	1/9/2014
Debary FL 32713		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 202.48	New Rate 197.98	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		re 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	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 02/01/1998	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: Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	rvices, LLC		



Flagler Pines		Provider Number:	0 005374-00
300 South Lemon Street	<u></u>	Date:	1/9/2014
Bunnell FL 32110	<u></u>	Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onadarted [5]
- J. P. C.	Curre	nt New	Effective
	Rate	Rate	Date
Nursing Home Single Level	218.0	209.50	1/1/2014
Rate Type: Interim Total Interim		ective C Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	h Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Lice	ensure Rating Change	
X Unaudited costs	Usu	al and Customary Limitation	on
Field audited costs		get Rate limitation change	
Field audit - interim portion	FR'	/S Change	
Desk audited costs Desk audit - Interim Portion	X Rate	e Semester Change	
Desk Audit - Prospective portion		FRV [2] as of 07/01/2004	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaio	Cost Reimbursement Plan	ning and Finance
Permanent File			_
For information Only		ZL-DE	2
No Change in Rate			
Home Office: Pensacola Administrativ	ve Services, LLC		
2 North Palafox Street Pensacola Fl 32502			



Longwood Health Care Ce	nter			Provider Number:	0 005379-00
1520 South Grant Street				Date:	1/9/2014
Longwood FL 32750				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level	<u>-</u>	Current Rate 202.73	New Rate 205.96	Effective Date 1/1/2014
	Interim m Component	X		ve Total Prospective Prospective Adjusted t	for New Costs
	Provider Prospective data	Changes	:	Total Prospective with	Interim Component
Budget X Unaudited costs Field audited co Field audit - into Desk audited co Desk audit - Into Desk Audit - Pro	erim 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 01/29/1998	n
Distribution:				Thomas Parker	
Contract Management Permanent File	t / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in	•		2	L De	» —
Home Office:	Pensacola Administrative S	ervices, LLC			
	2 North Palafox Street Pensacola Fl 32502				



The Rehabilitation Center of Winter Park		Provider Number:	0 005380-00
1700 Monroe Avenue	_	Date:	1/9/2014
Maitland FL 32751		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curr Ra [*] 217	rent New te Rate	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Pros	spective X Total Prospective Prospective Adjusted Total Prospective wit	for New Costs th 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	Us Ta	censure Rating Change sual and Customary Limitati rget Rate limitation change RVS Change ate Semester Change a FRV [2] as of 10/01/1985	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		2120	_
Home Office: Pensacola Administrativo 2 North Palafox Street Pensacola Fl 32502	e Services, LLC		



Brynwood Center		Provider Number:	0 005381-00
1656 South Jefferson Street	•	Date:	1/9/2014
Monticello FL 32344		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 206.34	New Rate 201.88	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		Total Prospective Prospective Adjusted a 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 01/01/2002	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: 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:	1/9/2014
Marianna FL 32446		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 212.97	New Rate 205.56	Effective Date 1/1/2014
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 05/07/1991	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: Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	rvices, LLC		



Glencove Nursing Pavilion		Provider Number:	0 005384-00
1027 East Highway Business 98		Date:	1/9/2014
Panama City FL 32401		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Ondation [5]
- J P 33	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	224.75	219.79	1/1/2014
Rate Type: Interim Total Interim	X Prospect		
Interim Component		_ Total Prospective Prospective Adjusted to	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		- '	1
Basis:	Changes:		
Budget	Licensi	ure Rating Change	
X Unaudited costs	Usual a	and 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	omastar Changa	
Desk Audit - Prospective portion		emester Change V [2] as of 09/01/1992	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	ost Reimbursement Plant	ning and Finance
Permanent File			
For information Only	Ž	2220	>
No Change in Rate			
Home Office: Pensacola Administrative Se	rvices, LLC		
2 North Palafox Street Pensacola Fl 32502			



Panama City Nursing Cent	er			Provider Number:	0 005385-00
924 West 13th Street				Date:	1/9/2014
Panama City FL 32401				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ingle Level	<u>-</u>	Current Rate 207.54	New Rate 203.51	Effective Date 1/1/2014
Rate Type : Interim Total	Interim	X	Prospectiv	ve Total Prospective	
	m Component			Prospective Adjusted	for New Costs
Settle	ment based on costs			Total Prospective with	Interim Component
Prior Prior	Provider Prospective data				
Basis:		Changes	:		
	erim 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 08/01/2004	n
Distribution:				Thomas Parker	
Contract Managemen	nt / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		-11-			-
For information	•		2	120	>
No Change in	Rate		534		
Home Office:	Pensacola Administrative S	ervices, LLC			
	2 North Palafox Street Pensacola Fl 32502				



Riverchase Care Center		Provider Number:	0 005386-00
1017 Strong Road		Date:	1/9/2014
Quincy FL 32351		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 209.58	New Rate 205.95	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	<u></u>	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 nange nester Change [2] as of 01/01/1994	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		t Reimbursement Plan	_
Home Office: Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	rvices, LLC		



Suwannee Health Care Cente	er			Provider Number:	0 005387-00
1620 Helvenston Streets E				Date:	1/9/2014
Live Oak FL 32064				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current	New	Effective
			Rate	Rate	Date
Nursing Home Sin	gle Level		211.61	209.11	1/1/2014
Rate Type : Interim Total In	ıterim	X	Prospectiv	ve Total Prospective	
	Component			Prospective Adjusted	for New Costs
Settleme	ent based on costs		X	Total Prospective with	Interim Component
Prior Pr	ovider Prospective data				
Basis:		Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited costs			Usual an	d Customary Limitatio	n
Field audited costs	S		_	ate limitation change	
Field audit - interi	*		FRVS C	hange	
Desk audited costs Desk audit - Interi		X	- Doto Son	nester Change	
Desk Audit - Prosp				[2] as of 09/01/1988	
Distribution:				Thomas Parker	
Contract Management /	Fiscal Agent	M	edicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File For information C	Only		7	L DE	,
No Change in Ra	ite		2_		
Home Office:	Pensacola Administrative S	ervices, LLC			
	2 North Palafox Street Pensacola Fl 32502				



Berkshire Manor		Provider Number:	0 005388-00
1255 NE 135th Street		Date:	1/9/2014
North Miami FL 33161		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	- Chadated [5]
- J. P. C.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	242.17	234.15	1/1/2014
Rate Type: InterimTotal InterimInterim Component Settlement based on costs		e Total Prospective Prospective Adjusted i	
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 02/01/1998	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: Pensacola Administrative S	ervices, LLC		
2 North Palafox Street Pensacola Fl 32502			



Carnegie Gardens Nursing Center		Provider Number:	0 005519-00
1415 South Hickory Street		Date:	1/9/2014
Melbourne FL 32901		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 217.00	New Rate 220.00	Effective Date 1/1/2014
Rate Type :			
Interim	X Prospectiv		
Total Interim Interim Component	X	Total Prospective Prospective Adjusted to	For Novy Coata
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		Total Prospective with	internii Component
^			
Basis:	Changes:		
	Licongur	a Dating Change	
Budget X Unaudited costs		e Rating Change	
Field audited costs		d Customary Limitatio ate limitation change	II
Field audit - interim portion	FRVS C	=	
Desk audited costs		80	
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	Wedicard Cos	e remoursement i iam	and I manee
For information Only	-7	L-20	>
No Change in Rate	2		
Home Office: Pensacola Administrative Ser	vices, LLC		
2 North Palafox Street			
Pensacola Fl 32502			



Fountainhead Care Center		Provider Number:	0 005523-00
390 NE 135th Street		Date:	1/9/2014
North Miami FL 33161		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 219.00	New Rate 215.01	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior 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 Ra FRVS CI	e Rating Change d Customary Limitation ate limitation change hange hester Change [2] as of 02/01/1998	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		120	_
Home Office: Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	vices, LLC		



Manor on the Green		Provider Number:	0 005543-00
324 Wilder Boulevard		Date:	1/9/2014
Daytona Beach FL 32114		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Ondudited [5]
- J. P. S.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	220.20	216.71	1/1/2014
Rate Type: InterimTotal 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 Limitatio ate limitation change hange nester Change [2] as of 07/19/2004	n
<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: Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	rvices, LLC		



Oakwood Garden of Deland				Provider Number:	0 005547-00
451 South Amelia Avenue				Date:	1/9/2014
Deland FL 32724				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Single I	Level		210.00	204.61	1/1/2014
Rate Type :		X	Prospectiv	re.	
Total Interim			-	Total Prospective	
Interim Com				Prospective Adjusted	for New Costs
Settlement ba	sed on costs			Total Prospective with	Interim Component
Prior Provide	r 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 por	rtion		FRVS C	hange	
Desk audited costs Desk audit - Interim Por	tion	X	Data Cam	agter Change	
Desk Audit - Prospectiv				nester Change [2] as of 10/01/1985	
Distribution:				Thomas Parker	
Contract Management / Fisca	al Agent	Med	icaid Cos	t Reimbursement Plan	ning and Finance
Permanent File				-7	
For information Only			Z	L-DE	>
No Change in Rate					
Home Office: Pens	sacola Administrative Serv	vices, LLC			
	rth Palafox Street acola Fl 32502				



Oaks Of Kissimmee		Provider Number:	0 005549-00
320 North Mitchell Avenue		Date:	1/9/2014
Kissimmee FL 34741		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Ondation [5]
-JP	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	232.63	213.74	1/1/2014
Rate Type:	V Prognacti		
Interim Total Interim	X Prospectiv	Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
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 C	, CI	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 07/01/2004	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File		. 1924 St. 19	
For information Only	2	L-DC	>
No Change in Rate	578		
Home Office: Pensacola Administrative Ser	vices, LLC		
2 North Palafox Street Pensacola Fl 32502			



Avante at Ocala		Provider Number:	0 005701-00
2021 SW 1 Avenue		Date:	1/9/2014
Ocala FL 34474		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 214.38	New Rate 220.82	Effective Date 1/1/2014
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 and Target Ra FRVS Cl	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	Medicaid Cos	t Reimbursement Plan	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	40-N		



Palatka Health Care Center		Provider Number:	0 005811-00
110 Kay Larkin Dr.		Date:	1/9/2014
Palatka FL 32177		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onaudited [5]
Trovider Types	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	223.49	226.22	1/1/2014
Rate Type:			
Interim	X Prospectiv	e	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data		Total Prospective with	Interim Component
Basis:	Changes:		
D. J. a	Licensur	e Rating Change	
Budget X Unaudited costs		d Customary Limitatio	n
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 05/26/1986	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			20
For information Only	Z	L-20	>
No Change in Rate			
Home Office: 1 - No Home Office			



Boynton Health Care Center		Provider Number:	0 005814-00
7900 Venture Center Way		Date:	1/9/2014
Boynton Beach FL 33437		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 238.62	New Rate 242.38	Effective Date 1/1/2014
Rate Type: Interim Total Interim	X 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:		
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. X Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 09/14/1999	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: Pensacola Administrative Ser	vices, LLC		
2 North Palafox Street Pensacola Fl 32502			



Accentia Health & Rehab. Center of Tampa		Provider Number:	0 005826-00
1818 East Fletcher Avenue		Date:	1/9/2014
Tampa FL 33612		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Currer Rate 195.0	Rate	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on cos Prior Provider Prospecti		ective 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	Usu Targ FRV X Rate	ensure Rating Change al and Customary Limitation get Rate limitation change //S Change e Semester Change FRV [2] as of 09/01/1991	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid	Cost Reimbursement Plan	



Glen Oaks Health Care Center		Provider Number:	0 005849-00
1100 Pine Street		Date:	1/9/2014
Clearwater FL 33756		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Onducted [3]
V F	Curre	nt New	Effective
	Rate		Date
Nursing Home Single Level	242.	238.59	1/1/2014
Rate Type:	X Prosp	pective	
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:		
Budget	Lice	ensure Rating Change	
X Unaudited costs		al and Customary Limitati	on
Field audited costs		get Rate limitation change VS Change	
Field audit - interim portion Desk audited costs	FK	v 5 Change	
Desk audit - Interim Portion	X Rate	e Semester Change	
Desk Audit - Prospective portion		FRV [2] as of 02/06/1989	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaio	l Cost Reimbursement Plan	nning and Finance
Permanent File			
For information Only		ZL DE	7
No Change in Rate			
Home Office: Pensacola Administrative S	ervices, LLC		
2 North Palafox Street Pensacola Fl 32502			



Heritage Park		Provider Number:	0 005850-00
37135 Coleman Avenue		Date:	1/9/2014
Dade City FL 33525		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 211.78	New Rate 207.33	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		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 C. X Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 09/01/1997	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: Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	rvices, LLC		



Lake Eustis Care Center		Provider Number:	0 005851-00
411 W. Woodward Avenue		Date:	1/9/2014
Eustis FL 32726		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tradit Status.	Onadarioa [5]
· ·	Current	New	Effective
Name of the Constant of the Co	Rate	Rate	Date
Nursing Home Single Level	222.05	209.26	1/1/2014
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	Target R	ate limitation change	
Field audit - interim portion	FRVS CI	hange	
Desk audited costs	D C		
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 08/01/1998	
<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: Pensacola Administrative Ser	vices, LLC		
2 North Palafox Street Pensacola Fl 32502			



Lake Placid Health Care Center		Provider Number:	0 006339-00
125 Tomoka Boulevard South		Date:	1/9/2014
Lake Placid FL 33852		Fiscal Year End:	12/31/2012
		Audit Status:	
Provider Type:	Curi Ra	rent New	Effective Date
Nursing Home Single Level		7.36 205.99	1/1/2014
Rate Type :	X Pro	spective	
Total Interim		X Total Prospective	
Interim Component	_	Prospective Adjuste	d for New Costs
Settlement based on costs		Total Prospective wi	ith Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Li	censure Rating Change	
X Unaudited costs		sual and Customary Limitat	
Field audited costs		arget Rate limitation change	
Field audit - interim portion	FI	RVS Change	
Desk audited costs Desk audit - Interim Portion	Ra	ate Semester Change	
Desk Audit - Prospective portion		n FRV [2] as of 01/01/1999	•
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medica	id Cost Reimbursement Pla	anning and Finance
Permanent File			_
For information Only		ZL-ZL	2
No Change in Rate			
Home Office: Pensacola Administrative S	ervices, LLC		
2 North Palafox Street Pensacola Fl 32502			



Windsor Manor				Provider Number:	0 006340-00
602 East Laura Street				Date:	1/9/2014
Starke FL 32091				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level	_	Current Rate	New Rate 208.08	Effective Date 1/1/2014
Interir Settler	Interim n Component nent based on costs Provider Prospective data	X		re Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited cost Field audit - inte Desk audit - Inte Desk Audit - Pro	rim portion sts 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 07/02/1990	n
Distribution:				Thomas Parker	
Contract Management Permanent File For information	Only	M		t Reimbursement Plan	-
No Change in I			<u> </u>		
Home Office:	Pensacola Administrative So 2 North Palafox Street Pensacola Fl 32502	ervices, LLC			



Salerno Bay Manor		Provider Number:	0 006483-00
4801 S.E. Cove Road		Date:	1/9/2014
Stuart FL 34997		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 223.03	New Rate 219.22	Effective Date 1/1/2014
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 and Target R. FRVS C. X Rate Sen	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/1999	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: Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	rvices, LLC		



Royal Manor				Provider Number:	0 006489-00
600 Business Parkway				Date:	1/9/2014
Royal Palm Beach FL 3341	.1			Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level	- -	Current Rate 234.80	New Rate 226.77	Effective Date 1/1/2014
	Interim m Component	X		re Total Prospective Prospective Adjusted i	for New Costs
	Provider Prospective data	Changes	:	Total Prospective with	Interim Component
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	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/01/1999	n
Distribution:				Thomas Parker	
Contract Management	t / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in F	· ·			L-DE	-
Home Office:	Pensacola Administrative S	ervices, LLC			
01110 -	2 North Palafox Street Pensacola Fl 32502				



Oakbrook of LaBelle		Provider Number:	0 006767-00
250 Broward Avenue		Date:	1/9/2014
Labelle FL 33935		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Onduction [5]
- J P 33	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	227.46	229.91	1/1/2014
Rate Type :			
Interim	X Prospecti		
Total Interim Interim Component	X	Total Prospective Prospective Adjusted to	for Novy Coata
Interim Component Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		_ Total Prospective with	internii Component
Basis:	Changes		
Dasis.	Changes:		
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 Desk Audit - Prospective portion		mester Change V [2] as of 12/01/2001	
Distribution:	On The		
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Co	st Reimbursement Plan	ning and Finance
For information Only	-	71 -01	>
No Change in Rate	2	L DE	
Home Office: Pensacola Administrative Se	rvices, LLC		
Trome office.			
2 North Palafox Street Pensacola Fl 32502			



Woods of Manatee Springs		Provider Number:	0 008793-00
5627 9th Street East		Date:	1/9/2014
Bradenton FL 34203		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 231.42	New Rate 215.12	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospecti X	ve Total Prospective Prospective Adjusted	
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	re Rating Change and Customary Limitation Rate limitation change Change mester Change [2] as of 07/01/1987	n
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: Cardinal Resources, LLC 16 Norcross Street Roswell GA 30075			



Courtyard Gardens Rehabilitation Center	Provider Number:	0 010082-00
17781 Thelma Ave	Date:	1/9/2014
Jupiter FL 33458	Fiscal Year End:	6/30/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current New Eff Rate Rate D	Pective Date /2014
Rate Type: Interim	X Prospective	
Total Interim	Total Prospective	Contra
Interim Component Settlement based on costs	Prospective Adjusted for Ne Total Prospective with Interi	
Prior Provider Prospective data	rotal Prospective with Intern	in Component
Basis:	Changes:	
Budget	Licensure Rating Change	
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	X Rate Semester Change	
Desk Audit - Prospective portion	On FRV [2] as of 07/08/1996	
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning at	nd Finance
Permanent File For information Only		
No Change in Rate	ZL-DC	
Home Office: 1 - No Home Office		
	l l	



Heartlamd of Sarasota FL, I	LLC			Provider Number:	0 010453-00
5401 Sawyer Road				Date:	1/9/2014
Sarasota FL 34233				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level	<u>-</u>	Current Rate 223.28	New Rate 227.01	Effective Date 1/1/2014
	Interim n Component	X		re Total Prospective Prospective Adjusted t	for New Costs
	Provider Prospective data	Changes		Total Prospective with	Interim 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	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/10/2009	n
Distribution:				Thomas Parker	
Contract Management Permanent File For information No Change in R	Only	M		t Reimbursement Plan	
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:	1/9/2014
Boca Raton FL 33433		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 219.26	New Rate 216.19	Effective Date 1/1/2014
Rate Type: Interim	XProspectiv		
Total Interim	<u>X</u>	Total Prospective	Com Morro Consta
Interim Component Settlement based on costs		Prospective Adjusted : Total Prospective with	
Prior Provider Prospective data		Total Flospective 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	Usual an Target R FRVS C X Rate Sen	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/05/2009	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Madigaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information Only No Change in Rate		L ZC	-
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:	1/9/2014
Vero Beach FL 32960		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 234.12	New Rate 235.09	Effective Date 1/1/2014
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 I FRVS C	re Rating Change and Customary Limitation Rate limitation change Change mester Change [7] [2] as of 03/07/2009	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: Grace Healthcare, Inc Randy Martin 7201 Shallowford Rd, STE 200 Chattanooga TN 37421)		



Gulf Shore Rehab & Nursin	g			Provider Number:	0 014169-00
6767 86th Avenue North				Date:	1/9/2014
Pinellas Park FL 33782				Fiscal Year End:	1/31/2013
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sir	ngle Level		Current Rate 230.37	New Rate 229.44	Effective Date 1/1/2014
	nterim n Component nent based on costs	X		re Total Prospective Prospective Adjusted to	
	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 ss im Portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 02/06/1998	n
Distribution: Contract Management Permanent File For information No Change in R Home Office:	Only ate Hallmark Accounting Jacob Karmel			Thomas Parker t Reimbursement Plans	-
	368 New Hempstead Road #30 New City NY 10956)9			



St. James Health And Rehabilitation Center		Provider Number:	0 015613-00
239 Crooked River Road		Date:	1/9/2014
Carrabelle FL 32322		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curre Rate 207.	nt New Rate	Effective
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		pective K Total Prospective Prospective Adjusted Total Prospective wit	for New Costs h 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	Usu Targ FRV X Rate	ensure Rating Change al and Customary Limitati get Rate limitation change VS Change e Semester Change FRV [2] as of 05/26/2009	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid	Cost Reimbursement Plan	nning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL 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:	1/9/2014
Pensacola FL 32504-8511		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Comment		
	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.36	206.29	1/1/2014
Rate Type :			
Interim	X Prospectiv		
Total Interim		Total Prospective Prospective Adjusted f	For Novy Coata
Interim Component Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		Total Prospective with	internii Component
Basis:	Changes:		
Dasis.	Changes.		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitatio	n
Field audited costs	Target R	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 05/01/1992	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plani	ning and Finance
Permanent File			
For information Only	Z	120	>
No Change in Rate	100		
Home Office: Pensacola Administrative Ser	vices, LLC		
2 North Palafox Street Pensacola Fl 32502			



Margate Health Care Center		Provider Number:	0 017222-00
5951 Colonial Drive		Date:	1/9/2014
Margate FL 33063		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 230.23	New Rate 227.44	Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement based on costs Prior 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 and Target R. FRVS C. X Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 02/01/2005	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: Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	rvices, LLC		



Rosewood Manor	Provider Number:	0 017223-00
3107 North H Street	Date:	1/9/2014
Pensacola FL 32501	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 210.66 205.79	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospective X 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	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 Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Plan	
Home Office: 1 - No Home Office		



Bay Breeze Nursing & Retirement Center		Provider Number:	0 017225-00
3387 Gulf Breeze Parkway		Date:	1/9/2014
Gulf Breeze FL 32563		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 223.22	New Rate 218.95	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior 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 and Target Ra FRVS Cl	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 06/30/1994	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: Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	vices, LLC		



Silvercrest Manor		Provider Number:	0 017230-00
103 Ruby Lane		Date:	1/9/2014
Crestview FL 32539		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 216.39	New Rate 204.19	Effective Date 1/1/2014
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 and Target R FRVS CI X Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 08/01/1988	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: Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	Services, LLC		



Specialty Center of Pensacola		Provider Number:	0 017236-00
6984 Pine Forest Road		Date:	
Pensacola FL 32526		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 221.84	New Rate 217.08	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	<u> </u>	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 Limitatio ate limitation change hange nester Change [2] as of 12/16/1991	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: Pensacola Administra 2 North Palafox Street Pensacola Fl 32502			



Grand Boulevard Health & Rehab. Center		Provider Number:	0 017242-00
138 Sandestin Lane		Date:	1/9/2014
Destin FL 32550		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onduction [5]
- J P 33	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	238.88	232.17	1/1/2014
Rate Type :			
Interim	X Prospecti	ve	
Total Interim	<u>X</u>	Total Prospective	2. 25 . 6
Interim Component		Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data		Total Prospective with	Interim 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 Desk Audit - Prospective portion		mester Change [2] as of 02/24/1988	
Distribution:			
Contract Management / Fiscal Agent	- M 1' '1 C	Thomas Parker	' 1E'
Permanent File	Medicaid Co	st Reimbursement Plan	ning and Finance
For information Only		11000	>
No Change in Rate	2	el De	
Home Office: Pensacola Administrative Se	rvices, LLC		
2 North Palafox Street Pensacola Fl 32502			



Lake Bennett Health and Rehablitation		Provider Number:	0 017301-00
1901 Kelton Avenue		Date:	1/9/2014
Ocoee FL 34761		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:		riudit Status.	[5]
J F	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	212.62	215.25	1/1/2014
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	i intermi 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		nester Change [2] as of 09/08/1997	
Desk Audit - Prospective portion Distribution:	Oll FKV	[2] as 01 09/06/1997	
		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			
For information Only	Z	L-DC	2
No Change in Rate			
Home Office: 1 - No Home Office			



The Park Summit at Coral Springs		Provider Number:	0 018066-00
8500 Royal Palm Blvd.		Date:	1/9/2014
Coral Springs FL 33065		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 220.05	New Rate 222.78	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement 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 Ra FRVS CI	e Rating Change d Customary Limitation ate limitation change nange nester Change [2] as of 06/01/1986	on
Distribution:		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: FiveStar Quality Care Inc 400 Centre Street Newton MA 02458			



Bay Village of Sarasota		Provider Number:	0 018777-00
8400 Vamo Road		Date:	1/9/2014
Sarasota FL 34231-7899		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onadarica [5]
-JP	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	242.03	245.34	1/1/2014
Rate Type:			
Interim	X Prospectiv		
Total Interim		Total Prospective Prospective Adjusted:	for Naw Costs
Interim Component Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		Total Prospective with	i internii Component
Basis:	Changes:		
Dasis.	Changes.		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary 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 02/22/2010	
Desk Audit - Prospective portion Distribution:	Oll FRV	[2] as 01 02/22/2010	
		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information Only			20
No Change in Rate	2	L-20	
No Change in Rate			
Home Office: 1 - No Home Office			



Golfview Healthcare Center		Provider Number:	0 019085-00
3636 10th Avenue North		Date:	1/9/2014
St. Petersburg FL 33713		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 211.95	New Rate 213.48	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		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	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 12/15/1986	n
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		Thomas Parker t Reimbursement Plant	-



Southern Pines Healthcare Center		Provider Number:	0 019282-00
6140 Congress Street		Date:	1/9/2014
New Port Richey FL 34653		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 183.00	New Rate 184.25	Effective Date 1/1/2014
Rate Type : Interim Total Interim	X Prospect		
Total Interim Interim Component	<u>X</u>	_ Total Prospective Prospective Adjusted in	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		_	r
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 09/01/1987	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		el De	_
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:	1/9/2014
Jacksonville FL 32210		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 196.53	New Rate	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospe X	Total Prospective Prospective Adjusted a 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	sure Rating Change and Customary Limitation t Rate limitation change S Change Semester Change RV [2] as of 04/01/1993	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Cost Reimbursement Plan	_
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Golfcrest Healthcare Center			Provider Number:	0 019287-00
600 North 17th Avenue			Date:	1/9/2014
Hollywood FL 33020			Fiscal Year End:	9/30/2012
			Audit Status:	Unaudited [3]
Provider Type:	_	Current Rate	New Rate	Effective Date
Nursing Home Single Level	_	199.18	200.05	1/1/2014
Rate Type:	v	Dragnastis	10	
Interim Total Interim	X	Prospectiv	Total Prospective	
Interim Component			Prospective Adjusted	for New Costs
Settlement based on costs			Total Prospective with	
Prior Provider Prospective data				•
Basis:	Changes	S:		
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	- V	_ D-4- C	or and an Oller was	
Desk Audit - Prospective portion	X		nester Change [2] as of 04/01/2003	
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent	N	ledicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File				
For information Only		2	L-DC	>
No Change in Rate		570		
Home Office: Signature Healthcare LLC				
Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				



Coastal Health and Rehabilitation Center		Provider Number:	0 021261-00
820 N Clyde Morris Blvd		Date:	1/9/2014
Daytona Beach FL 32117		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 207.62	New Rate 194.39	Effective Date 1/1/2014
Rate Type: Interim Total Interim	X Prospectiv	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 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 07/19/2004	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: Pensacola Administrative Ser	vices, LLC		
2 North Palafox Street Pensacola Fl 32502			



Carlton Shores Health and Rehab Center		Provider Number	r: 0 022138-00
1350 South Nova Road		Date	e: 1/9/2014
Daytona Beach FL 32114		Fiscal Year End	12/31/2012
		Audit Status	
Provider Type: Nursing Home Single Level	R	rrent New Rate 4.18 236.65	Effective
Rate Type: InterimTotal InterimInterim ComponentSettlement based on cos Prior Provider Prospecti		ospective X Total Prospective Prospective Adjuste Total Prospective v	ed for New Costs vith 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	I	Licensure Rating Change Usual and Customary Limita Carget Rate limitation change FRVS Change Rate Semester Change On FRV [2] as of 07/01/198	ge
Distribution:		Thomas Parkei	r
Contract Management / Fiscal Agent	Medic	eaid Cost Reimbursement P	
Permanent FileFor information OnlyNo Change in Rate		ZL DE	
Home Office: Greystone Hea 4042 Park Oaks Tampa FL 3361			



Blountstown Health and Rehabilitation Center		Provider Number:	0 022987-00
16690 S. W. Chipola Road		Date:	1/9/2014
Blountstown FL 32424		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 218.55	New Rate 196.78	Effective Date 1/1/2014
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 C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 08/01/1996	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: WW Healthcare Consultants, Melvin Woodward, Jr. 1978 8th Avenue NW Hickory NC 28603	LLC		



The Home Association, Inc.				Provider Number:	0 022994-00
1203 East 22nd Avenue				Date:	1/9/2014
Tampa FL 33605				Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:				rudit Status.	Onducated [5]
Trovider Typev			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home Sin	igle Level	_	203.02	205.98	1/1/2014
Rate Type :					
Interim		X	Prospectiv	ve	
Total I	nterim		X	Total Prospective	
Interim	Component			Prospective Adjusted	for New Costs
	ent based on costs			Total Prospective with	Interim Component
Prior Pr	rovider Prospective data				
Basis:		Changes:]		
Budget			Licensur	e Rating Change	
X Unaudited costs		-	-	d Customary Limitatio	n
Field audited cost	S		Target R	ate limitation change	
Field audit - inter	*		FRVS C	hange	
Desk audited cost		·	D-4- C-	or and an Olympia	
Desk audit - Interi Desk Audit - Pros		X		mester Change [2] as of 10/01/1985	
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Me	dicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File					
For information	-		7	L-DC	>
No Change in Ra	ate			- EL	
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:	1/9/2014
Okeechobee FL 34972		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 243.70	New Rate 243.79	Effective Date 1/1/2014
Rate Type:			
Interim Total Interim Interim Component 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 C	e Rating Change d Customary Limitation at limitation change hange nester Change [2] as of 03/01/2005	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	LDE	<u>-</u>
Home Office: 1 - No Home Office			



Winter Haven FL 33844 Fiscal Year End: 6/30/2012 Audit Status: Unaudited [3] Provider Type: Current New Effective Rate Rate Date	Astoria Health and Rehabil	itation Center			Provider Number:	0 023255-00
Provider Type: Current New Effective Date	701 Overlook Drive				Date:	1/9/2014
Provider Type: Current New Effective Date	Winter Haven FL 33844				Fiscal Year End:	6/30/2012
Rate Type:						•
Interim	Provider Type: Nursing Home Si	ngle Level	_ _	Rate	New Rate	Effective Date
Interim	Rate Tyne ·					
Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Interim	To desire	X	• •		
Basis: Budget X Unaudited costs Field audit - interim Portion Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change SX Rate Semester Change On FRV [2] as of 11/04/2010 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance TLC Management 1800 North Wabash Ave				<u>A</u>	=	for New Costs
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 11/04/2010 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance		•				
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change S Rate Semester Change On FRV [2] as of 11/04/2010 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Prior I	Provider Prospective data				
Variable of Costs Usual and Customary Limitation Target Rate limitation change Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Variable of Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate TLC Management I800 North Wabash Ave Isoaccomplete Isoaccompl	Basis:		Changes	:		
Variable of Costs Usual and Customary Limitation Target Rate limitation change Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Variable of Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate TLC Management I800 North Wabash Ave Isoaccomplete Isoaccompl						
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Target Rate limitation change FRVS Change FRVS Change Target Rate limitation change FRVS Change FRVS Change Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance				Licensur	e Rating Change	
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: TLC Management 1800 North Wabash Ave FRVS Change FRVS Change X Rate Semester Change On FRV [2] as of 11/04/2010 X Rate Semester Change On FRV [2] as of 11/04/2010 X Rate Semester Change On FRV [2] as of 11/04/2010 Medicaid Cost Reimbursement Planning and Finance C						n
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate TLC Management 1800 North Wabash Ave				_	=	
Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: TLC Management I 800 North Wabash Ave		_		- FRVSC	nange	
Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance TLC Management 1800 North Wabash Ave			X	Rate Ser	nester Change	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: TLC Management 1800 North Wabash Ave			-			
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: TLC Management 1800 North Wabash Ave	Distribution:		\ <u>\</u>		Thomas Parker	
Permanent File For information Only No Change in Rate Home Office: TLC Management 1800 North Wabash Ave	Contract Management	/ Fiscal Agent	M	edicaid Cos		ning and Finance
No Change in Rate Home Office: TLC Management 1800 North Wabash Ave	Permanent File		171	outeura cos	e remoursement i iam	ming and I mance
Home Office: TLC Management 1800 North Wabash Ave	For information	Only		7	0-20	>
1800 North Wabash Ave	No Change in F	Rate		2_		
	Home Office:	TLC Management				
		1800 North Wahash Ave				



Key West Health & Rehabilitation		Provider Number:	0 024167-00
5860 W. Junior College Road Key West FL 33040		Date:	1/9/2014
Key West FL 33040		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 236.11	New Rate 239.23	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospectiv	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	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 08/12/2010	n
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		Thomas Parker t Reimbursement Plant	



West Broward Rehabilitation and Healthcare		Provider Number:	0 026536-00
7751 West Broward Blvd.		Date:	1/9/2014
Plantation FL 33324		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 241.83	New Rate 243.79	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component 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 Ra FRVS Cl	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:	1/9/2014
Lake Worth FL 33463	Fiscal Year End:	1/31/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 262.56 264.68	Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted Total Prospective with	
	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 11/01/1988	on
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Plan	_
Home Office: 1 - No Home Office		



Cross Pointe Care Center		Provider Number:	0 028133-00
440 Phippen-Waiters Road		Date:	1/9/2014
Dania Beach FL 33004		Fiscal Year End:	1/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Onadarea [5]
- To the state of	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	244.00	248.20	1/1/2014
Rate Type:			
Interim	X Prospecti	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:		
Dudget	Licensu	re Rating Change	
Budget X Unaudited costs		nd Customary Limitatio	ın
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 05/01/2000	
Distribution:	OllTRV	Thomas Parker	
Contract Management / Fiscal Agent	Madigaid Co.	st Reimbursement Plan	ning and Einanga
Permanent File	wieureard Co	st Kennoursement Plan	ining and Findhee
For information Only	7	L DE	>
No Change in Rate	2		
Home Office: 1 - No Home Office			
Home Office.			



Cross Terrace Rehabilitation Center		Provider Number:	0 028148-00
1351 San Christopher Drive		Date:	1/9/2014
Dunedin FL 34698		Fiscal Year End:	1/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tadar Status.	9 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	218.70	221.65	1/1/2014
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 Limitatio ate limitation change hange nester Change [2] as of 10/01/1985	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: 1 - No Home Office			



Wuesthoff Progressive Care Center	Provider Number:	0 028602-00
8050 Spyglass Rd	Date:	1/9/2014
Viera FL 32940	Fiscal Year End:	9/30/2011
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 216.27 215.22	Effective Date 1/1/2014
D . T		
Rate Type:	Prognactiva	
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	
Budget 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 Desk Audit - Prospective portion	X Rate Semester Change On FRV [2] as of 05/30/1995	
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Plan	ning and Finance
Permanent File		
For information Only	ZL-RC	7
No Change in Rate		
Home Office: 1 - No Home Office		



The Health Center Of Windermere		Provider Number:	0 030479-00
4875 Cason Cove Drive		Date:	1/9/2014
Orlando FL 32811		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tadar Status.	0
V F	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	218.59	220.68	1/1/2014
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			
Basis:	Changes:		
Budget		e Rating Change	
Unaudited costs Field audited costs		d Customary Limitatio ate limitation change	n
	FRVS C	=	
Field audit - interim portion Desk audited costs		nunge	
Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 05/20/1997	
Distribution:		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			



The Health Center of Plant City		Provider Number:	0 030484-00
701 North Wilder Road		Date:	1/9/2014
Plant City FL 33566		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	onwarren [5]
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	222.28	229.43	1/1/2014
Rate Type:	V Drognostiv		
Interim Total Interim	X Prospectiv	Total Prospective	
Interim Component		Prospective Adjusted:	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		-	•
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 C		
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 10/01/2000	
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	<u> </u>		
Home Office: 1 - No Home Office			



The Health Center of Pensacola, Inc.		Provider Number:	0 030487-00	
8475 University Pkwy		Date:	1/9/2014	
Pensacola FL 32514		Fiscal Year End:	6/30/2012	
		Audit Status:	Unaudited [3]	
Provider Type:		Tadar Status.	0	
	Current	New	Effective	
	Rate	Rate	Date	
Nursing Home Single Level	219.83		1/1/2014	
Rate Type :				
Interim Total Interim	Y Prospectiv	Total Prospective		
Interim Component		Prospective Adjusted	for New Costs	
Settlement based on costs	Total Prospective with Interim Component			
Prior Provider Prospective data		- company of the comp		
Basis:	Changes:			
	8			
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	agter Change		
Desk Audit - Prospective portion		nester Change [2] as of 05/28/1987		
Distribution:		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				



Parkway Health & Rehab	Provider Number:	0 030490-00
800 SE Central Pkwy	Date:	1/9/2014
Stuart FL 34994	Fiscal Year End:	6/30/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 233.62 235.93	Effective Date 1/1/2014
Rate Type :		
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective X 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	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change	on
Desk Audit - Prospective portion	On FRV [2] as of 03/22/1990	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Thomas Parker Medicaid Cost Reimbursement Plan	
Home Office: 1 - No Home Office		



The Health Center of Merritt Island		Provider Number:	0 030491-00
500 Crockett Boulevard		Date:	1/9/2014
Merritt Island FL 32953		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	228.76	230.86	1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		Total Prospective Prospective Adjusted a 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. X Rate Sen	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/01/1990	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: 1 - No Home Office			



The Health Center of Lake City		Provider Number:	0 030527-00
560 S.W. McFarlane Ave.		Date:	1/9/2014
Lake City FL 32025		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Onduction [5]
-10,1301 -JP01	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	217.17	222.47	1/1/2014
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:		
D 1 4	Licensur	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	On FRV	[2] as of 05/01/1999	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information Only			2
No Change in Rate	Z	L-20	_
		A STATE OF THE STA	
Home Office: 1 - No Home Office			



Imperial Health Care Center	Provider Number:	0 030530-00
900 Imperial Golf Course	Date:	1/9/2014
Naples FL 34110	Fiscal Year End:	6/30/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 234.60 235.35	Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective X 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	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	on
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Plan	•
Home Office: 1 - No Home Office		



The Health Center of Daytona Beach		Provider Number:	0 030535-00
550 National Healthcare Drive		Date:	1/9/2014
Daytona Beach FL 32114		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:		110010 500005.	0.0000000000000000000000000000000000000
	Current	New	Effective
Nuusing House Single Level	Rate	Rate	Date
Nursing Home Single Level	219.46	221.30	1/1/2014
Rate Type :			
	W Durantin		
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		_	-
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 07/11/1996	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Madigaid Con	t Reimbursement Plan	ning and Einanga
Permanent File	wiculcalu Cos	i Kennouisement Plan	inng and rindhee
For information Only	-7	1-20	>
No Change in Rate	2		
Home Office: 1 - No Home Office			
Tionic Office.			



Health Center of Coconut Creek		Provider Number:	0 030537-00
4125 W Sample Road		Date:	1/9/2014
Coconut Creek FL 33073		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	onacarea [e]
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	243.97	243.84	1/1/2014
Rate Type:			
Interim	X Prospectiv	re	
Total Interim		Total Prospective	2 2 2
Interim Component		Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data		Total Prospective with	Interim 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 Desk Audit - Prospective portion		nester Change [2] as of 12/09/1997	
Distribution:	Oll TRV	Thomas Parker	
Contract Management / Fiscal Agent	- V. 11.C		' ID'
Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only	~~2	1-20	>
No Change in Rate	2	- XC	
Home Office: 1 - No Home Office			
Home Office: 1 - No Home Office			



Charlotte Harbor Healthcare		Provider Number:	0 030540-00
4000 Kings Highway		Date:	1/9/2014
Port Charlotte FL 33980		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onadated [5]
-10,1401 -J.P.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	236.74	238.18	1/1/2014
Rate Type:			
Interim	X Prospectiv	ve .	
Total Interim	<u>X</u>	Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Dudget	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 Desk Audit - Prospective portion		nester Change [2] as of 06/02/1994	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	- W 1: :10		' 1E'
Permanent File	Medicald Cos	t Reimbursement Plan	ning and Finance
For information Only	~~	120	>
No Change in Rate	2	- al	
Home Office: 1 - No Home Office			
Home Office.			



Bayonet Point Health & Rehabilitation Center		Provider Number:	0 030546-00
7210 Beacon Woods Drive		Date:	1/9/2014
Hudson FL 34667		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 227.29	New Rate	Effective Date 1/1/2014
Rate Type : Interim	X Prospectiv	wa.	
Total Interim	X Flospecti	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	
XUnaudited costs		nd Customary Limitatio	n
Field audited costs		Rate limitation change	
Field audit - interim portion	FRVS C	Change	
Desk audited costs	P C		
Desk audit - Interim Portion Desk Audit - Prospective portion		mester Change [2] as of 10/01/2000	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Madigaid Co.	st Reimbursement Plan	ning and Einanga
Permanent File	Wiedicald Cos	st Kennoursement Flam	ining and rinance
For information Only	H-T	11-00	>
No Change in Rate	2	LDE	
Home Office: 1 - No Home Office			
Home Office: 1 - No Home Office			



The Aristocrat		Provider Number:	0 030552-00
10949 Parnu Street		Date:	1/9/2014
Naples FL 34109		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onadarea [5]
-JP3	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	256.81	256.69	1/1/2014
Rate Type :			
	V. Duranastin		
Interim Total Interim	Y Prospectiv	e Total Prospective	
Interim Component		Prospective Adjusted 1	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		_	_
Basis:	Changes:		
	T.	D. C.	
Budget X Unaudited costs		e Rating Change	
Field audited costs		d Customary Limitation ate limitation change	011
Field audit - interim portion	FRVS C	=	
Desk audited costs			
Desk audit - Interim Portion		nester Change	
Desk Audit - Prospective portion	On FRV	[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	Z	L-20	2
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:	1/9/2014
Leesburg FL 34748		Fiscal Year End:	2/28/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 235.00	New Rate 226.68	Effective Date 1/1/2014
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 10/11/1988	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			



Clyde E. Lassen State Veterans' Nursing Home		Provider Number:	0 032049-00
4650 State Road 16		Date:	1/9/2014
St. Augustine FL 32092		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 226.93	New Rate 228.54	Effective Date 1/1/2014
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 Limitation ate limitation change hange nester Change [2] as of 11/16/2010	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: Florida Dept. of Veterans Affa Walter Gilchrist 11351 Ulmerton Road, Room 3 Largo Fl 33778-1630			



Unity Health and Rehab Center	Provider Nu	mber: 0 032482-00
1404 NW 22nd Street	<u>-</u>	Date: 1/9/2014
Miami FL 33142	- Fiscal Year	End: 12/31/2012
	Audit S	Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current New Rate Rate 227.67 224.81	Effective Date
Nursing Home Single Level	227.67 224.81	
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		ive djusted for New Costs ive 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 Chang Usual and Customary L Target Rate limitation c FRVS Change X Rate Semester Change On FRV [2] as of 11/01	imitation hange
Distribution:	Thomas Pa	ırker
Contract Management / Fiscal Agent Permanent File	Medicaid Cost Reimburseme	
For information Only No Change in Rate	212	20_
Home Office: Greystone Healthcare Man	nagement, LLC	7
4042 Park Oaks Blvd, Suite Tampa FL 33610	e 300	



Lady Lake Specialty Care Center		Provider Number:	0 032486-00
630 Griffen Avenue		Date:	1/9/2014
Lady Lake FL 32159		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 232.21	New Rate 226.29	Effective Date 1/1/2014
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 Limitation te limitation change nange sester Change [2] as of 03/30/1999	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: Greystone Healthcare Manage 4042 Park Oaks Blvd, Suite 30 Tampa FL 33610			



Sunset Lake Health and Rehab Center		Provider Number:	0 032551-00
832 Sunset Lake Blvd		Date:	1/9/2014
Venice FL 34292		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:			
	Current Rate	New Rate	Effective Date
Nursing Home Single Level	243.09	239.31	1/1/2014
Truising Home Single Level			1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		Total Prospective Prospective Adjusted to Total Prospective with	
Budget	Changes:	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	On FRV	[2] as of 03/17/1992	
<u>Distribution:</u>		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-DU	
Home Office: Greystone Healthcare Manag	ement, LLC		
4042 Park Oaks Blvd, Suite 3 Tampa FL 33610	00		



Lexington Health & Rehabilitation Center		Provider Number:	0 032553-00
6300 46th Avenue North		Date:	1/9/2014
St. Petersburg FL 33709		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 226.48	New Rate 215.87	Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement 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 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		L DE	_
Home Office: Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite 30 Tampa FL 33610			



Seven Hills Health & Rehab Center		Provider Number:	0 033175-00
3333 Capital Medical Blvd.		Date:	1/9/2014
Tallahassee FL 32308		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 229.09	New Rate 225.99	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement 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 C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 12/01/2001	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L-DE	_
Home Office: Summit Care II, Inc Guy Farmer 2851 Remington Green Circle, Tallahassee FL 32308	Ste. D		



Benderson Family Skilled Nursing & Rehab Center	Provider Number:	0 033717-00
1955 North Honore Ave.	Date:	1/9/2014
Sarasota FL 34235	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 249.59 235.50	Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement based on costs	X Prospective X Total Prospective Prospective Adjusted Total Prospective with	
Prior Provider Prospective data Basis: C	Thanges:	
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 03/22/2011	on
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Plan	_
Home Office: 1 - No Home Office		



Grace Healthcare of Lake Wales		Provider Number:	0 034504-00
730 North Scenic Highway		Date:	1/9/2014
Lake Wales FL 33853		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 208.38	New Rate 190.46	Effective Date 1/1/2014
Rate Type:			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs		Total Prospective Prospective Adjusted: Total Prospective with Tetal Prospective with The Rating Change and Customary Limitation	Interim Component
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	FRVS C Rate Ser	mester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 03/09/2011	
<u>Distribution:</u> Contract Management / Figure Agent		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Cos	st Reimbursement Plan	ning and Finance
For information Only No Change in Rate	2	I DE	> —
Home Office: Grace Healthcare, Inc Randy Martin 7201 Shallowford Rd, STE 200 Chattanooga TN 37421)		



Carrington Place of St. Pete		Provider Number:	0 035167-00
10501 Roosevelt Blvd N		Date:	1/9/2014
St. Petersburg FL 33716		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.86	207.27	1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data Basis:BudgetUnaudited costsField audited costs	Usual ar	Total Prospective Prospective Adjusted to Total Prospective with Total Prospective with the Rating Change and Customary Limitation change	Interim Component
Field audit - interim portion	FRVS C	=	
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		mester Change [2] as of 10/01/1988	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plant	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	l De	> —
Home Office: Traditions Management of Fl 24641 US Highway 19 North Clearwater FL 33763	orida, LLC		



NuVista Living at Wellington Green	Provider Nun	nber: 0 038640-00
10330 Devonshire Blvd.	I	Date: 1/9/2014
Wellington FL 33414	Fiscal Year I	End: 6/30/2012
	Audit St	atus: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 245.70 232.15	Effective Date 1/1/2014
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		ve justed for New Costs ve with Interim Component
	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 Li Target Rate limitation ch FRVS Change X Rate Semester Change On FRV [2] as of 10/04/	mitation nange
Distribution:	Thomas Pai	·ker
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursemen	nt Planning and Finance
Home Office: 1 - No Home Office		



NuVista Living at Hillsborough Lakes		Provider Number:	0 041324-00
19091 North Dale Mabry Highway		Date:	1/9/2014
Lutz FL 33548		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 247.75	New Rate 246.73	Effective Date 1/1/2014
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Pr	otal Prospective ospective Adjusted to otal Prospective with	for New Costs 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	Usual and C Target Rate FRVS Cha X Rate Semes	Rating Change Customary Limitation change Inge Ster Change as of 09/28/2011	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Reimbursement Plans	_
Home Office: 1 - No Home Office			



University Center West		Provider Number:	0 041685-00
545 West Euclid Avenue		Date:	1/9/2014
Deland FL 32720		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onadarea [5]
Tronsition Types	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	213.06	216.30	1/1/2014
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	Target Ra	ate limitation change	
Field audit - interim portion	FRVS CI	hange	
Desk audited costs Desk audit - Interim Portion	W Data Can	o antoni Classica	
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-20	>
No Change in Rate	<u> </u>		
Home Office: 1 - No Home Office			



University Center East		Provider Number:	0 041686-00
991 East New York Avenue		Date:	1/9/2014
Deland FL 32724		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onadarica [5]
Troviaci Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	203.50	206.78	1/1/2014
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	Usual an	d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs	D	. di	
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	Z	L-20	>
No Change in Rate			
Home Office: 1 - No Home Office			



Cross Landings Health and Rehab		Provider Number:	0 042138-00
1780 N Jefferson Street		Date:	1/9/2014
Monticello FL 32344		Fiscal Year End:	1/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tradit Status.	0
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	244.44	246.08	1/1/2014
Rate Type :			
Interim	X Prospecti	ve	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
X 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	n
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 04/01/2009	
Distribution:	OllTRV		
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Co	st Reimbursement Plan	ning and Finance
For information Only	Sec.	11-00	2
No Change in Rate	4	L-DC	
Home Office: 1 - No Home Office			



Crosswinds Health and Rehab		Provider Number:	0 042140-00
13455 West US Highway 90		Date:	1/9/2014
Greenville FL 33231		Fiscal Year End:	1/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	243.44	245.11	1/1/2014
Rate Type:	V Prognostiv	70	
Interim Total Interim	X Prospectiv	Total Prospective	
Interim Component		Prospective Adjusted	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 C	hange	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 10/01/1985	
<u>Distribution:</u>	0.1.111	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	<u> </u>		
Home Office: 1 - No Home Office			



Heron Pointe Health and I	Rehabilitation			Provider Number:	0 043832-00
1445 Howell Avenue				Date:	1/9/2014
Brooksville FL 34601				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	_	197.05	199.97	1/1/2014
Rate Type :					
Interim		X	Prospectiv	70	
	l Interim		_ rrospectiv	Total Prospective	
	im Component			Prospective Adjusted	for New Costs
	ement based on costs			Total Prospective with	
	Provider Prospective data				r
Basis:		Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited costs	S		Usual an	d Customary Limitatio	n
Field audited co	osts		Target R	ate limitation change	
Field audit - int	_		FRVS C	hange	
Desk audited co			~		
Desk audit - Int	respective portion	X		nester Change [2] as of 12/01/2001	
Distribution:	ospective portion		OnTicv	Thomas Parker	
Contract Managemen	nt / Fiscal Agent		adiasid Cas		uing and Einange
Permanent File		M	edicaid Cos	t Reimbursement Plan	ming and finance
For informatio	on Only		Hero	11-00	>
No Change in	Rate		2	LDE	
Home Office:	CMC II, LLC				
	800 Concourse Parkway Sou Maitland FL 32751	uth			



Heritage Healthcare Center		Provider Number:	0 043833-00
3101 Ginger Drive		Date:	1/9/2014
Tallahassee FL 32308		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate		Effective Date
Nursing Home Single Level	202.29	203.53	1/1/2014
Rate Type :			
Interim Total Interim	X Prospe	Total Prospective	
Interim Component		Prospective Adjusted	
X 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 Targe FRVS	sure Rating Change and Customary Limitation t Rate limitation change S Change Semester Change RV [2] as of 04/26/1997	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid (Cost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL DE	-
Home Office: CMC II, LLC			
800 Concourse Parkway Sout Maitland FL 32751	h		



Heritage Health Care Center		Provider Number:	0 043835-00
1026 Albee Farm Road		Date:	1/9/2014
Venice FL 34285		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Onduction [5]
-JP3	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	220.28	223.34	1/1/2014
Rate Type :			
Interim	X Prospecti	ve	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
X 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	D	, GI	
Desk audit - Interim Portion Desk Audit - Prospective portion		mester Change [2] as of 09/23/1988	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent File	Wicarcaia Co.	st Kennoursement i iani	imig and i mance
For information Only	7	120	>
No Change in Rate	2_	- ELE	
Home Office: CMC II, LLC			
800 Concourse Parkway South Maitland FL 32751			



Heritage Healthcare and Rehabilitation Center		Provider Number:	0 043838-00
777 Ninth Street North		Date:	1/9/2014
Naples FL 34102		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 235.86	New Rate 238.74	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data	X Prospecti	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 I FRVS C	re Rating Change and Customary Limitation Rate limitation change Change mester Change [7] [2] as of 09/23/1988	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	_
Home Office: CMC II, LLC 800 Concourse Parkway Sou Maitland FL 32751	ıth		



Keystone Rehabilitation and Health Center		Provider Number:	0 043839-00
1120 West Donegan Avenue		Date:	1/9/2014
Kissimmee FL 34741		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.02	New Rate 206.69	Effective Date 1/1/2014
Rate Type:	V D		
Interim Total Interim	X Prospectiv	Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
X Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			r
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 10/19/2006	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		LRE	
Home Office: CMC II, LLC			
800 Concourse Parkway South Maitland FL 32751			



Oakbridge Healthcare Center		Provider Number:	0 043841-00
3110 Oakbridge Boulevard, East		Date:	1/9/2014
Lakeland FL 33803		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 208.40	New Rate 211.30	Effective Date 1/1/2014
D . T			
Interim Total Interim	X Prospec	tive 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 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	and Customary Limitation Rate limitation change Change emester Change V [2] as of 08/02/1991	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid C	ost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LL DE	_
Home Office: CMC II, LLC			
800 Concourse Parkway Sout Maitland FL 32751	h		



Oaktree Healthcare		Provider Number:	0 043843-00
650 Reed Canal Road		Date:	1/9/2014
South Daytona FL 32119		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 216.07	New Rate 219.30	Effective Date 1/1/2014
D.4. T.			
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data	X Prospec	tive 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 Target FRVS X Rate S	ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 05/21/1993	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid C	ost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL ZL	_
Home Office: CMC II, LLC 800 Concourse Parkway Sout Maitland FL 32751	h		



Rio Pinar Health Care		Provider Number:	0 043846-00
7950 Lake Underhill Road		Date:	1/9/2014
Orlando FL 32822		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 214.51	New Rate 215.58	Effective Date 1/1/2014
Pata Type			
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data	X Prospective	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	te 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	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	L DE	·
Home Office: CMC II, LLC 800 Concourse Parkway Sout Maitland FL 32751	h		



The Palms Rehabilitation and Healthcare Center		Provider Number:	0 043847-00
5405 Babcock Street NE		Date:	1/9/2014
Palm Bay FL 32905		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 215.13	New Rate 216.81	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentX Settlement based on costs		re Total Prospective Prospective Adjusted to the 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 03/11/1998	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: CMC II, LLC 800 Concourse Parkway Sou	th		
Maitland FL 32751			



Coral Trace Health Care		Provider Number:	0 043848-00
216 Santa Barbara Boulevard		Date:	1/9/2014
Cape Coral FL 33991		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curren Rate 208.8	Rate	Effective Date 1/1/2014
Rate Type : Interim	X Prospe		
Total Interim Interim Component		Total Prospective Prospective Adjusted	for Now Costs
Interim Component Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		rotal r rospective 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	Usua Targ FRV X Rate	nsure Rating Change I and Customary Limitation et Rate limitation change S Change Semester Change RV [2] as of 12/01/2001	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid	Cost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Medicald	ZL-ZC	-
Home Office: CMC II, LLC 800 Concourse Parkway Sout Maitland FL 32751	h		



The Parks Healthcare and Rehabilitation Center		Provider Number:	0 043850-00
9311 South Orange Blossom Trail		Date:	1/9/2014
Orlando FL 32837		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 213.39	New Rate 215.29	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component X 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 Ray FRVS Cl	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 02/01/2012	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cor	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L-ZC	_
Home Office: CMC II, LLC 800 Concourse Parkway Sout Maitland FL 32751	h		



	Date:	1/9/2014
	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited [3]
Current Rate	New Rate	Effective Date
216.21	218.96	1/1/2014
X Prospectiv		
	•	for New Costs
	Total Prospective with	
nges:		
Licensur	e Rating Change	
		on
	=	
FRVSC	hange	
X Rate Sen	nester Change	
	Thomas Parker	
Medicaid Cos	t Reimbursement Plan	ning and Finance
2	L_DO)
	And Andrews	
]	Rate 216.21 X Prospective Inges: Licensur Usual an Target R FRVS C X Rate Ser On FRV Medicaid Cos	Rate Rate 216.21 218.96 X Prospective Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Total Prospective with Rate Semester Change On FRV [2] as of 05/04/1993



Plantation Bay Rehabilitation Center		Provider Number:	0 043853-00
4641 Old Canoe Creek Road		Date:	1/9/2014
St. Cloud FL 34769		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		110010 200003	
• •	Curre		Effective
V . H . C. 1	Rate		Date
Nursing Home Single Level	216.	<u> 217.90</u>	1/1/2014
Rate Type :			
	•	.•	
Interim Total Interim	X Prosp	pective Total Prospective	
Interim Component		Prospective Adjusted	l for New Costs
X Settlement based on costs			th Interim Component
Prior Provider Prospective data			•
Basis:	Changes:		
	T:-	Dating Change	
Budget X Unaudited costs		ensure Rating Change al and Customary Limitat	ion
Field audited costs		get Rate limitation change	
Field audit - interim portion		VS Change	
Desk audited costs		-	
Desk audit - Interim Portion		e Semester Change	
Desk Audit - Prospective portion	On	FRV [2] as of 07/20/1995	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaio	d Cost Reimbursement Pla	nning and Finance
Permanent File		7	320
For information Only		ZL DE	7_
No Change in Rate		244 2 TO 10	
Home Office: CMC II, LLC			
800 Concourse Parkway Sou	ih		
Maitland FL 32751			



Colonial Lakes Health Care		Provider Number:	0 043854-00
15204 West Colonial Drive		Date:	1/9/2014
Winter Garden FL 34787		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 213.74	New Rate	Effective Date 1/1/2014
D (T			
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data	X Prospe	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	sure Rating Change and Customary Limitation t Rate limitation change S Change Semester Change RV [2] as of 09/01/1990	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid (Cost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL DE	_
Home Office: CMC II, LLC 800 Concourse Parkway Sout Maitland FL 32751	h		



Central Park Healthcare and Rehabilitation Center		Provider Number:	0 043856-00
702 South Kings Avenue		Date:	1/9/2014
Brandon FL 33511		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curren Rate 206.1	t New Rate	Effective Date 1/1/2014
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data	X Prospe	ective 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	Usua Targu FRV X Rate	nsure Rating Change I and Customary Limitation et Rate limitation change S Change Semester Change RV [2] as of 02/25/1991	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid	Cost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL DE	_
Home Office: CMC II, LLC 800 Concourse Parkway Sout Maitland FL 32751	h		



Beneva Lakes Healthcare and Rehabilitation Center		Provider Number:	0 043857-00
741 South Beneva Road		Date:	1/9/2014
Sarasota FL 34232		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 212.74	New Rate 215.77	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component X Settlement based on costs Prior 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 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		LZE	
Home Office: CMC II, LLC 800 Concourse Parkway South Maitland FL 32751			



Bradenton Health Care		Provider Numb	ber: 0 043859-00
6305 Cortez Road West		D	ate: 1/9/2014
Bradenton FL 34210		Fiscal Year Er	nd: 7/31/2012
		Audit Sta	-
Provider Type:		110010	
	Curi		Effective
Nausina Hama — Cinala Laval	Ra		Date
Nursing Home Single Level		217.51	1/1/2014
Rate Type :			
Interim	X Pro	spective	
Total Interim		Total Prospective	e
Interim Component	_		isted for New Costs
X Settlement based on costs	_	Total Prospective	e with Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Li	censure Rating Change	
X Unaudited costs		sual and Customary Lim	nitation
Field audited costs		arget Rate limitation cha	
Field audit - interim portion	FI	RVS Change	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		nte Semester Change n FRV [2] as of 12/09/19	999
Distribution:		Thomas Park	«er
Contract Management / Fiscal Agent	Medica	id Cost Reimbursement	
Permanent File	Wicarca	ia cost reimodiscinent	Training and Trianee
For information Only		ZL-X	0
No Change in Rate			
Home Office: CMC II, LLC			
800 Concourse Parkway Sou Maitland FL 32751	th		
Manana FL 32/31			



Brandon Health and Rehabilitation Center		Provider Number:	0 043860-00
1465 Oakfield Drive		Date:	1/9/2014
Brandon FL 33511		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 203.07	New Rate 204.92	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component	X Prospectiv	ve Total Prospective Prospective Adjusted t	for New Costs
X Settlement based on costs Prior Provider Prospective data Basis:	Changes:	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	Licensur Usual an Target R FRVS C	re Rating Change and Customary Limitation ate limitation change thange mester Change [2] as of 05/07/1997	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LRE	-
Home Office: CMC II, LLC 800 Concourse Parkway Sout Maitland FL 32751	h		



Fort Pierce Health Care]	Provider Number:	0 043861-00
611 South 13th Street		Date:	1/9/2014
Ft. Pierce FL 34950		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 229.45	New Rate 232.34	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data	Pro	otal Prospective ospective Adjusted to tal 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 C Target Rate FRVS Char X Rate Semes		n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost R	Leimbursement Plani	_
Home Office: CMC II, LLC 800 Concourse Parkway South Maitland FL 32751			



Habana Health Care Center		Provider Number:	0 043862-00
2916 Habana Way		Date:	1/9/2014
Tampa FL 33614		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	- Chadated [5]
Trontage Types	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	218.04	221.57	1/1/2014
Rate Type:	X Prospecti	ve	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensu	re Rating Change	
X Unaudited costs	Usual a	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	mester Change	
Desk Audit - Prospective portion		/ [2] as of 05/01/1989	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plani	ning and Finance
Permanent File			
For information Only	2	L-DC	>
No Change in Rate			
Home Office: CMC II, LLC			
800 Concourse Parkway South Maitland FL 32751			



The Health and Rehabilitation Centre at Dolphins V		Provider Number:	0 043863-00
1820 Shore Drive, South		Date:	1/9/2014
South Pasadena FL 33707		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 231.11	New Rate 234.65	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentX Settlement based on costsPrior 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	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 04/01/1991	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: CMC II, LLC 800 Concourse Parkway Sou Maitland FL 32751	h		



Grand Oaks Health and Rehabilitation Center		Provider Number:	0 043864-00
3001 Palm Coast Parkway SE		Date:	1/9/2014
Palm Coast FL 32137		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 199.26	New Rate 201.16	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component	X Prospectiv	Total Prospective Prospective Adjusted	
X Settlement based on costs Prior Provider Prospective data Basis:	Changes:	Total Prospective with	Tinterini Component
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 change Change mester Change	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: CMC II, LLC 800 Concourse Parkway Sout Maitland FL 32751	1		



Harts Harbor Health Care Center		Provider Number:	0 043865-00
11565 Harts Road		Date:	1/9/2014
Jacksonville FL 32218		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	195.78	197.79	1/1/2014
Rate Type: Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	X Prospective Changes:	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 R FRVS C	re Rating Change and Customary Limitation ate limitation change thange mester Change [2] as of 12/01/2001	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: CMC II, LLC 800 Concourse Parkway Sout Maitland FL 32751	h		



Fletcher Health and Reha				Provider Number:	0 043866-00
518 West Fletcher Avenu	ne			Date:	1/9/2014
Tampa FL 33612	_			Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:	Single Level	_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	201.66		1/1/2014
Rate Type :					
Interim		X	Prospectiv	/e	
Tota	al Interim			Total Prospective	
	rim Component			Prospective Adjusted	
	lement based on costs			Total Prospective with	Interim Component
Prio	r Provider Prospective data				
Basis:		Changes	S:		
Budget			Licensur	e Rating Change	
X Unaudited cost	ts			d Customary Limitatio	n
Field audited o	costs		_	ate limitation change	
Field audit - in	_		FRVS C	hange	
Desk audited c Desk audit - In		<u> X</u>	— Dota Cam	nester Change	
	rospective portion	A		[2] as of 05/19/1998	
Distribution:	J			Thomas Parker	
Contract Manageme	ent / Fiscal Agent		ledicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		14.	icaicaia Cos	. Temoursoment i ian	and I manee
For information	on Only		-7	120	>
No Change in	n Rate		2		
Home Office:	CMC II, LLC				
	800 Concourse Parkway So	uth			
	Maitland FL 32751				



Wedgewood Healthcare Center		Provider Number:	0 043867-00
1010 Carpenters Way		Date:	1/9/2014
Lakeland FL 33809		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 220.19	New Rate	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentX Settlement based on costs Prior 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 Target FRVS X Rate S	sure Rating Change and Customary Limitation Rate limitation change Change Semester Change EV [2] as of 03/26/1999	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid C	Cost Reimbursement Plant	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL ZL	_
Home Office: CMC II, LLC 800 Concourse Parkway Sout Maitland FL 32751	h		



Deltona Health Care		Provider Numb	per: 0 043868-00
1851 Elkcam Boulevard		Da	ate: 1/9/2014
Deltona FL 32725		Fiscal Year En	nd: 7/31/2012
		Audit Stat	
Provider Type:		Audit Stat	us. Onducted [3]
-10,1401 -JP01	Curr	ent New	Effective
	Rat	Rate	Date
Nursing Home Single Level	211	.23 212.91	1/1/2014
Rate Type:	X Pros	spective	
Total Interim	<u>A</u> 1103	Total Prospective	
Interim Component			sted for New Costs
X Settlement based on costs	_		e with Interim Component
Prior Provider Prospective data		<u></u>	
Basis:	Changes:		
Budget	Lie	censure Rating Change	
X Unaudited costs	Us	ual and Customary Lim	itation
Field audited costs		rget Rate limitation char	nge
Field audit - interim portion	FR	VS Change	
Desk audited costs Desk audit - Interim Portion	Ra	te Semester Change	
Desk Audit - Prospective portion		FRV [2] as of 05/01/19	998
Distribution:		Thomas Park	er
Contract Management / Fiscal Agent	Medica	d Cost Reimbursement	Planning and Finance
Permanent File		-7	
For information Only		ZLX	0_
No Change in Rate			
Home Office: CMC II, LLC			
800 Concourse Parkway Sout Maitland FL 32751	h		



Lake Mary Health and Rehabilitation Center		Provider Number:	0 043871-00
710 North Sun Drive	_ _	Date:	1/9/2014
Lake Mary Fl 32746	_	Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 206.54	New Rate 206.90	Effective Date 1/1/2014
D.A. T.			
Rate Type :			
Interim	<u>X</u> Prospect		
Total Interim		Total Prospective	Car Name Careta
Interim Component		Prospective Adjusted to	
X Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget		re Rating Change	
X Unaudited costs		nd Customary Limitatio	n
Field audited costs		Rate limitation change	
Field audit - interim portion	FRVS (nange	
Desk audited costs Desk audit - Interim Portion	X Rate Se	mester Change	
Desk Audit - Prospective portion		/ [2] as of 11/08/2000	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	est Reimbursement Plans	ning and Finance
Permanent File	Wicalcala Co	st Remioursement I fam	ining and I manee
For information Only	85	e de	>
No Change in Rate	2	- all	
Home Office: CMC II, LLC			
200 G	d		
800 Concourse Parkway S Maitland FL 32751	outn		
Manana FL 32/31			



Countryside Rehab and Healthcare Center		Provider Number:	0 043872-00
3825 Countryside Boulevard N		Date:	1/9/2014
Palm Harbor FL 34684		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 202.82	New Rate 204.73	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data	X Prospect	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	re Rating Change and Customary Limitation Rate limitation change Change mester Change [2] as of 10/19/1987	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	est Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	_
Home Office: CMC II, LLC 800 Concourse Parkway Sout Maitland FL 32751	h		



Harbor Beach Nursing and Rehabilitation Center		Provider Number:	0 043873-00
1615 South Miami Road		Date:	1/9/2014
Ft. Lauderdale FL 33316		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 236.12	New Rate	Effective Date 1/1/2014
Rate Type :			
Interim	X Prospec	etive	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
X Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget		sure Rating Change	
X Unaudited costs		and Customary Limitation	on
Field audited costs		Rate limitation change Change	
Field audit - interim portion Desk audited costs	- TRVS	Change	
Desk audit - Interim Portion	X Rate S	Semester Change	
Desk Audit - Prospective portion		2V [2] as of 05/28/1986	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid C	Cost Reimbursement Plan	ning and Finance
Permanent File			
For information Only	8	2020	>
No Change in Rate	5	- ELE	
Home Office: CMC II, LLC			
800 Concourse Parkway So	ıth		
Maitland FL 32751	atti		
manual L 52/51			



Health Center at Brentwood		Provider Number:	0 043874-00
2333 North Brentwood Circle		Date:	1/9/2014
Lecanto FL 34461		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	enadanta [5]
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	198.92		1/1/2014
Rate Type :			
Interim	X Prospect	ive	
Total Interim		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:		
Dudget	Licensu	re Rating Change	
Budget 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 Desk Audit - Prospective portion		mester Change V [2] as of 12/01/2001	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	est Reimbursement Plan	ning and Finance
Permanent File	wieuleald CC	ost Kennoursement Flan	ming and Finance
For information Only	5	e de	>
No Change in Rate	2		
Home Office: CMC II, LLC			
800 Concourse Parkway South Maitland FL 32751			



Governor's Creek Health and Rehabilitation		Provider Number:	0 043875-00
803 Oak Street		Date:	1/9/2014
Green Cove Springs FL 32043		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 198.42	New Rate 201.15	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentX Settlement based on costs Prior Provider Prospective data	X Prospective	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 ate limitation change thange mester Change [2] as of 01/01/1997	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	
Home Office: CMC II, LLC 800 Concourse Parkway Sout Maitland FL 32751	h		



Largo Rehab & Spa		Provider Number:	0 043876-00
9035 Bryan Dairy Road		Date:	1/9/2014
Largo FL 33777		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	onuunteu [5]
- J. P. C.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	207.41	206.10	1/1/2014
Rate Type: Interim Total Interim	X Prospective	e Fotal Prospective	
Interim Component		Prospective Adjusted f	For New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensure	Rating Change	
X Unaudited costs	Usual and	l Customary Limitatio	n
Field audited costs		ate 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 01/01/1999	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plani	ning and Finance
Permanent File		-	
For information Only	Z	120	>
No Change in Rate			
Home Office: CMC II, LLC			
800 Concourse Parkway So Maitland FL 32751	uth		



Magnolia Health and Rehabilitation Center		Provider Number:	0 043877-00
1507 South Tuttle Avenue		Date:	1/9/2014
Sarasota FL 34239		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Currer Rate 211.3	nt New Rate	Effective Date 1/1/2014
Rate Type :			
Interim	X Prosp		
Total Interim		Total Prospective	for Now Costs
Interim Component Settlement based on costs		Prospective Adjusted Total Prospective with	
Prior Provider Prospective data		rotal r rospective with	ii interiiii Component
Basis:	Changes:		
	Lian	ngura Dating Changa	
Budget X Unaudited costs		nsure Rating Change	24
Field audited costs		al and Customary Limitation change	JII
Field audit - interim portion		'S Change	
Desk audited costs		5 Change	
Desk audit - Interim Portion	X Rate	Semester Change	
Desk Audit - Prospective portion		FRV [2] as of 09/14/1994	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid	Cost Reimbursement Plan	ning and Finance
Permanent File	wicaicaia	Cost Remoursement I fan	ming and i manec
For information Only		21-20	2
No Change in Rate		a all	
Home Office: CMC II, LLC			
800 Concourse Parkway Sout	h		
Maitland FL 32751			



Marshall Health and Rehabilitation Center		Provider Number:	0 043878-00
207 Marshall Drive		Date:	1/9/2014
Perry FL 32347		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Curre Rate	nt New	Effective Date
Nursing Home Single Level	196.	06 198.83	1/1/2014
Rate Type:	X Pros	pective	
Total Interim	1105	Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
X Settlement based on costs		Total Prospective wit	th Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Lic	ensure Rating Change	
X Unaudited costs		al and Customary Limitati	on
Field audited costs		get Rate limitation change	
Field audit - interim portion	FR	VS Change	
Desk audited costs Desk audit - Interim Portion	X Rat	e Semester Change	
Desk Audit - Prospective portion		FRV [2] as of 10/01/1985	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicai	d Cost Reimbursement Plan	nning and Finance
Permanent FileFor information Only		ZL ZL	2
No Change in Rate		a de	
Home Office: CMC II, LLC			
800 Concourse Parkway Sou Maitland FL 32751	th		



North Florida Rehabilitation and Specialty Care		Provider Number:	0 043880-00
6700 NW 10th Place		Date:	1/9/2014
Gainesville FL 32605		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 199.79	New Rate 198.24	Effective Date 1/1/2014
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 12/01/2001	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L-DE	
Home Office: 1 - No Home Office			



Crestview Rehabilitation Center		Provider Number:	0 044886-00
1849 First Avenue East		Date:	1/9/2014
Crestview FL 32539		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 225.86	New Rate 227.16	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior 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	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/30/1987	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plani	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L-DE	
Home Office: Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328			



Fort Walton Rehabilitation Center		Provider Number:	0 044888-00
1 LBJ Sr. Drive		Date:	1/9/2014
Ft. Walton Beach FL 32547		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 231.84	New Rate 233.21	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentX 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 R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 12/08/1987	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			



River Valley Rehabilitation Center		Provider Number:	0 044889-00
17884 N.E. Crozier Center		Date:	1/9/2014
Blountstown FL 32424		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 227.75	New Rate 228.34	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentX Settlement based on costs Prior 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 Limitatio ate limitation change hange nester Change [2] as of 01/01/1987	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: Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 1: Atlanta GA 30328			



Plantation Key Nursing Center		Provider Number:	0 044975-00
48 High Point Road		Date:	1/9/2014
Tavernier FL 33070		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	Onduction [5]
-10,1mo1 -1, por	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	252.87	250.94	1/1/2014
Rate Type :			
X Interim	Prospectiv	va.	
X Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
X Budget	Licensur	e Rating Change	
Unaudited costs		d Customary Limitatio	on
Field audited costs	Target R	ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs	D G	. CI	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 12/19/2011	
<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	50.0		
Home Office: 1 - No Home Office			



The Crossroads		Provider Number:	0 045471-00
206 West Orange Street		Date:	1/9/2014
Davenport FL 33837		Fiscal Year End:	1/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onadarea [5]
- 101,200 - 1,po	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	238.23	240.81	1/1/2014
Rate Type:			
Interim Total Interim	Y Prospectiv	e Total Prospective	
Interim Component		Prospective Adjusted to	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			r
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 C	4 61	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 07/01/1988	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		-7	
For information Only	Z	L-20	<i>></i>
No Change in Rate			
Home Office: 1 - No Home Office			



Homestead Manor A Palace	e Community			Provider Number:	0 046017-00
1330 NW First Avenue Homestead FL 33030				Date:	1/9/2014
Homestead FL 33030				Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level	_	Current Rate 257.89	New Rate 261.20	Effective Date 1/1/2014
Rate Type:		X	Prospectiv	/e	
	Interim	-	_	Total Prospective	
Interin	n Component			Prospective Adjusted	for New Costs
X Settler	ment based on costs			Total Prospective with	Interim Component
Prior I	Provider Prospective data				
Basis:		Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited costs				d Customary Limitatio	n
Field audited cos	sts		Target R	ate limitation change	
Field audit - inte	_		FRVS C	hange	
Desk audited cos				or at an Olympia	
Desk audit - Inte		X		nester Change [2] as of 11/01/2011	
Distribution:				Thomas Parker	
Contract Management	t / Fiscal Agent	M	edicaid Cos	t Reimbursement Plani	ning and Finance
Permanent File				7. VIII.	900
For information	•		2	L-DC	>
No Change in I	Kate		570		
Home Office:	Professional Care I, Inc.				
	Oscar Roiz 10850 SW 113th Place				
	Miami FL 33176				



Victoria Nursing and Rehabilitation Center, Inc.	Provider Number:	0 046128-00
955 NW 3rd Street	Date:	1/9/2014
Miami Fl 33128	Fiscal Year End:	2/28/2013
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 237.16 233.55	Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective X 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	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 11/13/2000	on
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Plan	
Home Office: 1 - No Home Office		



Crossbreeze Care Center		Provider Number:	0 046233-00
1755 18th Street		Date:	1/9/2014
Sarasota FL 34234		Fiscal Year End:	3/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onadated [5]
-10,1301 1,p00	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	245.06	243.07	1/1/2014
Rate Type :			
Interim	X Prospectiv	e	
Total Interim		Total Prospective	_
Interim Component		Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data		Total Prospective with	Interim Component
Basis:	Changes:		
Dudget	Licensur	e Rating Change	
Budget 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 Desk Audit - Prospective portion		nester Change [2] as of 10/01/1985	
Distribution:			
Contract Management / Fiscal Agent		Thomas Parker	' 15'
Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only	~7	120	>
No Change in Rate	2	- all	
Home Office: 1 - No Home Office			
Home Office.			



Riverside Care Center				Provider Number:	0 046758-00
899 NW 4th Street				Date:	1/9/2014
Miami FL 33128				Fiscal Year End:	2/28/2013
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sir	igle Level	<u>-</u>	Current Rate 239.53	New Rate 239.30	Effective Date 1/1/2014
Settlem	Component lent based on costs	X		re Total Prospective Prospective Adjusted 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	nester Change	on
Distribution:				Thomas Parker	
Contract Management Permanent File For information No Change in R	Only	M		t 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:	1/9/2014
West Palm Beach FL 33415			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
		rrent Late	New Rate	Effective Date
Nursing Home Single Level		26.53	229.56	1/1/2014
Rate Type:				
Interim	X Pr	ospective		
Total Interim	_		otal Prospective	
Interim Component	<u>-</u>		rospective Adjusted	
X Settlement based on costs	-	T	otal Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
Budget	I	Licensure	Rating Change	
X Unaudited costs			Customary Limitation	on
Field audited costs			te limitation change	
Field audit - interim portion	I	FRVS Ch	ange	
Desk audited costs				
Desk audit - Interim Portion Desk Audit - Prospective portion			ester Change 2] as of 07/09/1986	
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent	Medic	raid Cost	Reimbursement Plan	ning and Finance
Permanent File	Wicare	aid Cost	Kennoursement i ian	ning and I mance
For information Only		7	L-20	2
No Change in Rate				
Home Office: CMC II, LLC				
800 Concourse Parkway Sout	h			
Maitland FL 32751				



Wood Lake Nursing and Rehabilitation Center		Provider Number:	0 047788-00
6414 13th Road South		Date:	1/9/2014
West Palm Beach FL 33415		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 222.36	New Rate 224.53	Effective
Rate Type:			
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data	X Prospective	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 Ser	te Rating Change d Customary Limitation at limitation change hange nester Change [2] as of 07/11/1988	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: CMC II, LLC 800 Concourse Parkway South Maitland FL 32751	1		



Hillcrest Nursing and Rehabilitation Center		Provider Number:	0 047795-00
4200 Washington Street		Date:	1/9/2014
Hollywood FL 33021		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	215.99		1/1/2014
Rate Type :			
Interim Total Interim	X Prospectiv	ve Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
X Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		-	-
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs		nd Customary Limitatio	on
Field audited costs		tate limitation change	
Field audit - interim portion Desk audited costs	FRVS C	nange	
Desk audited costs Desk audit - Interim Portion	X Rate Ser	nester Change	
Desk Audit - Prospective portion		[2] as of 06/27/1989	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File			
For information Only	2	L DE	2
No Change in Rate	578		
Home Office: CMC II, LLC			
800 Concourse Parkway Sout Maitland FL 32751	1		



Health Central Park		Provider Number:	0 048441-00
411 North Dillard Street		Date:	1/9/2014
Winter Garden FL 34787		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tauan Suuras.	
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	229.68	231.26	1/1/2014
D 4 T			
Rate Type:			
Interim	X Prospectiv		
Total Interim Interim Component		Total Prospective Prospective Adjusted:	for Now Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		Total Prospective with	i intermi Component
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		
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only	week of the second	11-00	>
No Change in Rate	2	L-DR	
Home Office: 1 - No Home Office			
1			



Ocala Oaks Rehabilitation Center		Provider Number:	0 048611-00
3930 E Silver Springs Blvd		Date:	1/9/2014
Ocala FL 34470		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 236.82	New Rate 236.15	Effective Date 1/1/2014
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		re Total Prospective Prospective Adjusted f 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 Limitatio ate limitation change hange nester Change [2] as of 04/18/1991	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plani	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			



New Riviera Nursing and Rehabilitation Center	Provider Number:	0 048807-00
6901 Yumuri Street	Date:	1/9/2014
Coral Gables FL 33146	Fiscal Year End:	11/30/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 252.61 241.10	Effective Date 1/1/2014
X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Prospective Total Prospective Prospective Adjusted Total Prospective with	for New Costs th Interim Component
	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 Limitati Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 06/14/2012	on
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Pla	_
Home Office: 1 - No Home Office		



South Dade Nursing and Rehabilitation Center		Provider Number:	0 054789-00
17475 S. Dixie Highway		Date:	1/9/2014
Miami FL 33157		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 204.05	New Rate 199.66	Effective Date 1/1/2014
Rate Type: X Interim X Total Interim Interim Component		e Fotal Prospective Prospective Adjusted to	for New Costs
Settlement based on costs Prior Provider Prospective data	1	Total Prospective with	
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 04/01/2004	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Reimbursement Plans	
Home Office: 1 - No Home Office			



Golden Glades Nursing and Rehabilitation Center		Provider Number:	0 054790-00
220 Sierra Drive		Date:	1/9/2014
Miami FL 33179		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 232.90	New Rate 230.49	Effective Date 1/1/2014
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted to the control of the c	
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 the limitation change hange lester Change [2] as of 10/01/1998	n
<u>Distribution:</u> Contract Management / Fiscal Agent	Medicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate			
Home Office: 1 - No Home Office			



Calusa Harbour		Provider Number:	0 059369-00
2525 E. First St.		Date:	1/9/2014
Fort Myers FL 33901		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onadatica [5]
Trovider Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	244.76	239.36	1/1/2014
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	. di	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 10/01/2012	
Distribution:		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			



Stratford Court of Palm Harbor	Provider Numb	oer: 0 059400-00
45 Katherine Blvd.	Da	ate: 1/9/2014
Palm Harbor FL 34684	Fiscal Year En	d: 6/30/2013
	Audit Stat	us: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 245.46 241.11	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		sted for New Costs 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 Lim Target Rate limitation cha FRVS Change X Rate Semester Change On FRV [2] as of 02/12/19	nge
Distribution:	Thomas Park	er
Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate	Medicaid Cost Reimbursement	Planning and Finance
Home Office: 1 - No Home Office		



Gardens of Port St. Lucie		Provider Number:	0 059404-00
1699 SE Lyngate Drive		Date:	1/9/2014
Port St. Lucie FL 34952		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Onadared [5]
-JPS	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	240.48	243.91	1/1/2014
Rate Type:	X Prospectiv	re	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data	<u></u>		
Basis:	Changes:		
Budget		e Rating Change	
Unaudited costs Field audited costs		d Customary Limitatio ate limitation change	n
Field audit - interim portion	FRVS C	=	
Desk audited costs		C	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 10/18/1993	
<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_	- ELE	
Home Office: 1 - No Home Office			



Summer Brook Health Care Center		Provider Number:	0 059783-00
5377 Moncrief Road		Date:	1/9/2014
Jacksonville FL 32209		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 193.71	New Rate 196.90	Effective Date 1/1/2014
Rate Type :			
X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted t Total Prospective with	
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change I Customary Limitation the limitation change hange tester Change [2] as of 10/01/1985	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker Reimbursement Plant	
Home Office: 1 - No Home Office			



Shoal Creek Rehabilitation Center		Provider Number:	0 059852-00
500 Hospital Drive		Date:	1/9/2014
Crestview Fl 32539		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tauti Suuus.	
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	180.84	188.35	1/1/2014
Rate Type :	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	Target F	Rate limitation change	
Field audit - interim portion	FRVS (Change	
Desk audited costs	D C		
Desk audit - Interim Portion Desk Audit - Prospective portion		mester Change [2] as of 04/27/2000	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent File			_
For information Only	7	I DE	2
No Change in Rate			
Home Office: CMC II, LLC			
800 Concourse Parkway South Maitland FL 32751	h		



Englewood Healthcare &Rehabilitation Center		Provider Number:	0 059855-00
1111 Drury Lane		Date	: 1/9/2014
Englewood FL 34224		Fiscal Year End:	7/31/2012
		Audit Status	: Unaudited [3]
Provider Type: Nursing Home Single Level	Curro Rat 195 .	ent New e Rate	Effective
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		pective X Total Prospective Prospective Adjuste Total Prospective w	d for New Costs ith 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	Us Tai	tensure Rating Change ual and Customary Limita rget Rate limitation change VS Change te Semester Change FRV [2] as of 05/01/1993	e
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicai	d Cost Reimbursement Pla	
Permanent FileFor information OnlyNo Change in Rate		ZL DE	_
Home Office: CMC II, LLC 800 Concourse Parkway Sout Maitland FL 32751	h		



Island Health and Rehabilitation Center		Provider Number:	0 059866-00
125 Alma Boulevard		Date:	1/9/2014
Merritt Island FL 32953		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 192.91	New Rate 189.02	Effective Date 1/1/2014
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	Usual Target	Total Prospective Prospective Adjusted to Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change	n Interim Component
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		emester Change V [2] as of 04/01/1996	
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: CMC II, LLC			
800 Concourse Parkway Sout Maitland FL 32751	h		



Rosewood Health and Rehabilitation Center		Provider Number	er: 0 059869-00
3920 Rosewood Way		Da	te: 1/9/2014
Orlando FL 32808		Fiscal Year End	d: 7/31/2012
		Audit Stati	·
Provider Type: Nursing Home Single Level	Curr Rat 215	ent New Rate	Effective Date 1/1/2014
Rate Type :			
Interim	X Pros	spective	
Total Interim		Total Prospective	
Interim Component	_		sted for New Costs
X Settlement based on costs		Total Prospective	with Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Lie	censure Rating Change	
Unaudited costs		ual and Customary Limi	
Field audited costs		rget Rate limitation char	ige
Field audit - interim portion	FR	CVS Change	
Desk audited costs Desk audit - Interim Portion	Ra	te Semester Change	
Desk Audit - Prospective portion		FRV [2] as of 12/01/20	01
<u>Distribution:</u>		Thomas Parke	er
Contract Management / Fiscal Agent	Medica	id Cost Reimbursement	Planning and Finance
Permanent File			
For information Only		262	0
No Change in Rate			
Home Office: CMC II, LLC			
800 Concourse Parkway Sou	th		
Maitland FL 32751	111		
munique 1 D Day of			



Evans Health Care		Provider Number:	0 059873-00
3735 Evans Avenue	•	Date:	1/9/2014
Ft Myers FL 33901		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onduction [5]
- J. P. C.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	210.55	200.88	1/1/2014
Rate Type:Interim	X Prospectiv		
Total Interim	<u>X</u>	Total Prospective	
Interim Component Settlement based on costs		Prospective Adjusted for Total Prospective with	
Prior Provider Prospective data		Total Flospective with	i internii Component
Basis:	Changes		
Dasis.	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 12/14/1998	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plani	ning and Finance
Permanent File		-7	
For information Only	Z	120	>
No Change in Rate			
Home Office: CMC II, LLC			
800 Concourse Parkway So Maitland FL 32751	uth		



Sea Breeze Health Care		Provider Number:	0 059874-00
1937 Jenks Avenue	-	Date:	1/9/2014
Panama City FL 32405	_	Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Ondudited [5]
- J. P. C.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	187.70	187.35	1/1/2014
Rate Type:Interim	X Prospec		
Total Interim	<u>X</u>	Total Prospective	Com Norma Compte
Interim Component Settlement based on costs		Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data		_ rotal r rospective with	i internii Component
Basis:	Changes:		
Dasis.	Changes.		
Budget	Licens	sure Rating Change	
X Unaudited costs		and Customary Limitatio	n
Field audited costs		Rate limitation change	
Field audit - interim portion	FRVS	Change	
Desk audited costs	D	, GI	
Desk audit - Interim Portion Desk Audit - Prospective portion		emester Change V [2] as of 12/01/2001	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Madiacid	ost Reimbursement Plan	ning and Finance
Permanent File	Medicaid	ost Kennoursement Flam	ining and rinance
For information Only	-	ZL DE	>
No Change in Rate	4	a de	
Home Office: CMC II, LLC			
800 Concourse Parkway S Maitland FL 32751	South		



Spring Hill Health and Rehabilitation Center		Provider Number:	0 059877-00
12170 Cortez Boulevard		Date:	1/9/2014
Brooksville FL 34613		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	enaution [5]
J.F.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	204.98	199.02	1/1/2014
Rate Type:	X Prospectiv	re	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	n Interim Component
Prior Provider Prospective data			
Basis:	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. X Rate Sen	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/01/1997	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: CMC II, LLC			
800 Concourse Parkway South Maitland FL 32751			



Emerald Shores Health and Rehabilitation			Provider Number:	0 060972-00
626 North Tyndall Parkway			Date:	1/9/2014
Callaway Fl 32404			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	F	Rate 12.54	New Rate 207.53	Effective Date 1/1/2014
Rate Type:	Y. D			
Interim Total Interim	X Pr	rospectiv X	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:			
	5g			
Budget	1	Licensur	e Rating Change	
X Unaudited costs	1	Usual an	d Customary Limitatio	n
Field audited costs		Target Ra	ate limitation change	
Field audit - interim portion		FRVS Cl	hange	
Desk audited costs				
Desk audit - Interim Portion			nester Change	
Desk Audit - Prospective portion		On FRV	[2] as of 08/30/2000	
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent	Medie	caid Cos	t Reimbursement Plan	ning and Finance
Permanent File				-
For information Only		7	L-20	>
No Change in Rate				
Home Office: CMC II, LLC				
900 Camarana Barilana G	.+la			
800 Concourse Parkway Sou Maitland FL 32751	IUI			
Wattand PL 32/31				



University Hills Health and Rehabilitation		Provider Number:	0 060993-00
10040 Hillview Road		Date:	1/9/2014
Pensacola FL 32514		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 213.47	New Rate 195.55	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective de	Pr To	otal Prospective rospective Adjusted to 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 ange ster Change 2] as of 10/01/1985	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost I	Reimbursement Plani	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		l De	
Home Office: CMC II, LLC			
800 Concourse Park Maitland FL 32751	way South		



Heritage Park Rehabilitation and Healthcare		Provider Number:	0 061095-00
2826 Cleveland Avenue		Date:	1/9/2014
Ft. Myers FL 33901		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tradit Status.	
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	212.93	207.18	1/1/2014
Rate Type :			
Interim	X Prospectiv		
Total Interim	<u>X</u>	Total Prospective Prospective Adjusted:	for Novy Coata
Interim Component Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		Total Prospective with	i internir Component
Basis:	Changes:		
	8		
Budget	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	7	L-DE	>
No Change in Rate	~_	- CLE	
Home Office: CMC II, LLC			
800 Concourse Parkway South Maitland FL 32751			



Destin Healthcare and Rehabilitation Center		Provider Number:	0 061101-00
195 Mattie M. Kelly Blvd.		Date:	1/9/2014
Destin FL 32541		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 199.15	New Rate 191.23	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs		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 [2] as of 08/11/1994	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate		Reimbursement Plans	
Home Office: 1 - No Home Office			



San Jose Health and Rehabilitation Center		Provider Number:	0 061102-00
9355 San Jose Boulevard		Date:	1/9/2014
Jacksonville FL 32257		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 208.92	New Rate 211.25	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentX Settlement based on costs	X Prospectiv	re Total Prospective Prospective Adjusted of 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 12/01/2001	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: CMC II, LLC 800 Concourse Parkway Sout Maitland FL 32751	h		



SeaView Nursing and Rehabilitation Center		Provider Number:	0 061107-00
2401 NE 2nd Street		Date:	1/9/2014
Pompano Beach FL 33062		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 207.53	New Rate 217.97	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospec	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 Target FRVS X Rate S	and Customary Limitation Rate limitation change Change emester Change V [2] as of 10/01/1985	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid C	ost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL-ZL	_
Home Office: CMC II, LLC 800 Concourse Parkway Sout Maitland FL 32751	h		



Vista Manor			Provider Number:	0 061109-00
1550 Jess Parrish Court			Date:	1/9/2014
Titusville FL 32796			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:	_	Current Rate	New Rate	Effective Date
Nursing Home Single Level	_	204.87	202.85	1/1/2014
Rate Type :				
Interim	X	Prospectiv	ve .	
Total Interim		<u>X</u>	Total Prospective	
Interim Component			Prospective Adjusted	
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes	•		
Budget			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	<u> X</u>	– Rate Ser	nester Change	
Desk Audit - Prospective portion			[2] as of 12/01/2001	
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	111			<i>G</i>
For information Only		7	120	>
No Change in Rate		2_		
Home Office: CMC II, LLC				
800 Concourse Parkway Sout Maitland FL 32751	ih			



Lakeside Oaks Care Center		Provider Number:	0 061140-00
1061 Virginia Street		Date:	1/9/2014
Dunedin FL 34698		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	_		
	Current Rate	New Rate	Effective Date
Nursing Home Single Level	220.82	212.18	1/1/2014
Rate Type :			
Interim	X Prospective	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	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			
Desk audit - Interim Portion		mester Change	
Desk Audit - Prospective portion Distribution:	On FRV	[2] as of 01/01/1989	
		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Cos	st Reimbursement Plan	ning and Finance
For information Only			2
	2	L DE	<i>-</i>
No Change in Rate			
Home Office: CMC II, LLC			
800 Concourse Parkway South	1		
Maitland FL 32751			



Whitehall Boca Raton		Provider Number:	0 071884-00
7300 Del Prado Circle South		Date:	1/9/2014
Boca Raton FL 33433		Fiscal Year End:	12/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Currer Rate 233. 2	nt New Rate	Effective Date 1/1/2014
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 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	Usu. Targ FRV X Rate	nsure Rating Change al and Customary Limitation get Rate limitation change 7S Change Semester Change FRV [2] as of 12/01/2009	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid	Cost Reimbursement Plan	nning and Finance
Permanent FileFor information OnlyNo Change in Rate	Medicald	ZL-ZL	
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:	1/9/2014
Leesburg FL 32748	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 228.90 230.63	Effective Date 1/1/2014
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Prospective 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	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 09/01/1989	on
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Plan	
Home Office: 1 - No Home Office		



Rehabilitation Center of St. Pete	Provider Number:	0 072054-00
435 42nd Avenue South	Date:	1/9/2014
St. Petersburg FL 33705	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 241.60 241.25	Effective Date 1/1/2014
Rate Type: X Interim X Total Interim Interim Component	Prospective Total Prospective Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data Basis:	Total Prospective with	h 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 Not on FRV [1]	on
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Plan	-
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:	1/9/2014
The Villages Fl 32162		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 210.07	New Rate 215.98	Effective Date 1/1/2014
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		re Total Prospective Prospective Adjusted f 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 Limitatio ate limitation change hange nester Change [2] as of 07/13/2012	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		L DE	
Home Office: Greystone Healthcare Mana	gement, LLC		
4042 Park Oaks Blvd, Suite 3 Tampa FL 33610	00		



Braden River Rehabilitation Center, LLC		Provider Number:	0 073324-00
2010 Manatee Avenue E		Date:	1/9/2014
Bradenton FL 34208		Fiscal Year End:	12/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 222.96	New Rate 223.76	Effective Date 1/1/2014
Rate Type :			
X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		Total Prospective Prospective Adjusted f 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 Limitatio ate limitation change hange nester Change [2] as of 08/01/1994	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	<u>-</u>
Home Office: Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 1 Atlanta GA 30328			



The Groves Center	Pro	ovider Number:	0 080062-00
512 South 11th Street		Date:	1/9/2014
Lake Wales FL 33853	Fi	scal Year End:	8/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 180.06	New Rate 183.21	Effective Date 1/1/2014
Rate Type:	V. Duranti i		
Interim Total Interim	X Prospective X Total	l Prospective	
Interim Component		pective Adjusted f	for New Costs
Settlement based on costs			Interim Component
Prior Provider Prospective data			
Basis:	hanges:		
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:	Т	homas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Rei		ning and Finance
Permanent FileFor information OnlyNo Change in Rate		1-20	-
Home Office: 1 - No Home Office			



Lakeland Hills Center		Provider Number:	0 080068-00
610 East Bella Vista Drive		Date:	1/9/2014
Lakeland FL 33805		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		1 I I I I I I I I I I I I I I I I I I I	
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	187.87	<u>190.12</u>	1/1/2014
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
	Changes		
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 CI	hange	
Desk audited costs	D C	4 61	
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	Wiedleard Cos	t Kennoursement i tan	ming and I manee
For information Only	7	L-20	>
No Change in Rate	2_		
Home Office: 1 - No Home Office			



Tarpon Bayou Center		Provider Number:	0 080079-00
515 Chesapeake Drive		Date:	1/9/2014
Tarpon Springs FL 34689		Fiscal Year End:	8/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 199.86	New Rate 206.29	Effective Date 1/1/2014
D 4 T			
Rate Type:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes: Licensure Usual and Target Ra FRVS Ch X Rate Seme	Prospective Prospective Adjusted for the Prospective With Rating Change Customary Limitation thange	Interim Component
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plani	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	l De	> —
Home Office: 1 - No Home Office			



Consulate Health Care of Bayonet Point		Provider Number:	0 080374-00
8132 Hudson Avenue		Date:	1/9/2014
Hudson FL 34667		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 199.06	New Rate 186.38	Effective Date 1/1/2014
Rate Type:			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs	Changes: Licensure Usual and	Total Prospective Prospective Adjusted a Total Prospective with e Rating Change d Customary Limitation	Interim Component
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	FRVS CI X Rate Sem	hange hester Change [2] as of 02/22/1993	
<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-DC	Č
Home Office: Consulate Management Comp Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Care of Brandon		Provider Number:	0 080377-00
701 Victoria Street		Date:	1/9/2014
Brandon FL 33510		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.85	New Rate 190.26	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	X	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 03/01/1999	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plant	Č
Home Office: Consulate Management Comp. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751	any		



Consulate Health Care of J				Provider Number:	0 080384-00
4101 Southpoint Drive Eas	st			Date:	1/9/2014
Jacksonville FL 32216				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level	<u>-</u>	203.60	198.23	1/1/2014
	Interim	X	Prospectiv	Total Prospective	
Interi	m Component			Prospective Adjusted to	for New Costs
Settle	ment based on costs		X	Total Prospective with	Interim Component
Prior	Provider Prospective data				
Basis:		Changes	3:		
	erim 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 08/09/1996	n
Distribution:				Thomas Parker	
Contract Managemen	t / Fiscal Agent	M	Iedicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in	•			L DE	-
Home Office:	Consulate Management Con Kathy Urbanovich 800 Concourse Parkway Sou Maitland FL 32751				



Consulate Health Care of Kissimmee		Provider Number:	0 080387-00
2511 John Young Parkway North		Date:	1/9/2014
Kissimmee FL 34741		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 199.86	New Rate 194.05	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior 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	d Customary Limitation ate limitation change hange nester Change [2] as of 08/20/1999	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	Č
Home Office: Consulate Management Comp Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751	•		



Consulate Health Care of Lakeland		Provider Number:	0 080391-00
5245 North Socrum Loop Rd		Date:	1/9/2014
Lakeland FL 33809		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 185.24	New Rate 185.56	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement 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 I FRVS C	re Rating Change and Customary Limitatio Rate limitation change Change mester Change [7] [2] as of 04/01/1998	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DC	Č
Home Office: Consulate Management Con Kathy Urbanovich 800 Concourse Parkway Sou Maitland FL 32751			



Consulate Health Care of Lake Parker		Provider Number:	0 080393-00
2020 W. Lake Parker Drive		Date:	1/9/2014
Lakeland FL 33805		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 203.16	New Rate 188.01	Effective Date 1/1/2014
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 and Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 05/14/1990	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	Č
Home Office: Consulate Management Com Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751	· · ·		



Consulate Health Care of Melbourne			Provider Number:	0 080394-00
3033 Sarno Road			Date:	1/9/2014
Melbourne FL 32934			Fiscal Year End:	12/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	-	Current Rate 195.49	New Rate 191.52	Effective Date 1/1/2014
Rate Type :				
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X		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:	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 08/19/1994	on
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Me		t Reimbursement Plan	
Home Office: Consulate Management Comp Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751				



Consulate Health Care Of New Port Richey 8417 Old County Road 54			Provider Number: Date:	0 080397-00 1/9/2014
New Port Richey FL 34653			Fiscal Year End:	12/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	R	rrent ate	New Rate 180.76	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component	X Pr		e Fotal Prospective Prospective Adjusted f	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	I	Jsual and Target Ra FRVS Ch Rate Sem	e Rating Change I Customary Limitation the limitation change hange Lester Change [2] as of 04/01/1998	n
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information Only No Change in Rate	Medic		Reimbursement Plans	
Home Office: Consulate Management Com Kathy Urbanovich 800 Concourse Parkway Sout Maitland FL 32751				



Consulate Health Care of North Ft. Myers		Provider Number:	0 080400-00
991 Pondella Road		Date:	1/9/2014
North Ft. Myers FL 33903		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 190.00	New Rate 183.42	Effective Date 1/1/2014
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 04/01/1998	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	Č
Home Office: Consulate Management Comp Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Care of Orange Park		Provider Number:	0 080402-00
1215 Kingsley Avenue		Date:	1/9/2014
Orange Park FL 32073		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 199.88	New Rate 185.63	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior 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 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 01/01/1990	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	Č
Home Office: Consulate Management Consulate Manage			



Consulate Health Care of Pensacola	Provider	r Number:	0 080405-00
235 W. Airport Blvd.		Date:	1/9/2014
Pensacola FL 32505	Fiscal Y	Year End:	12/31/2012
	Au	dit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current No Rate Ra	ew ate	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim Component Settlement based on costs		e Adjusted	for New Costs
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 C Usual and Customa Target Rate limitati FRVS Change X Rate Semester Chan On FRV [2] as of 0	ry Limitation change	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Consulate Management Com Kathy Urbanovich 800 Concourse Parkway Sout Maitland FL 32751	Medicaid Cost Reimburs		-



Consulate Health Care of Safety Harbor		Provider Number:	0 080406-00
1410 Dr. Martin Luther King Jr. St. N		Date:	1/9/2014
Safety Harbor FL 34695		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 206.79	New Rate 190.67	Effective Date 1/1/2014
Rate Type : InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X	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	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	Madigaid Con	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate			_
Home Office: Consulate Management Comp Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751	-		



Consulate Health Care of St. Petersburg		Provider Number:	0 080409-00
9393 Park Boulevard		Date:	1/9/2014
Seminole FL 33777		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 209.16	New Rate 197.90	Effective Date 1/1/2014
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 11/03/1995	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	LDE	· —
Home Office: Consulate Management Comp Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Care of Sarasota		Provider Number:	0 080413-00
4783 Fruitville Road		Date:	1/9/2014
Sarasota FL 34232		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 223.92	New Rate 217.55	Effective Date 1/1/2014
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	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 02/18/1998	n
Distribution:		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: Consulate Management Comp Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751	any		



Consulate Health Care of Port Charlotte		Provider Number:	0 080416-00
18480 Cochran Boulevard		Date:	1/9/2014
Port Charlotte FL 33948		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 208.68	New Rate	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospe	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	sure Rating Change and Customary Limitatio t Rate limitation change S Change Semester Change RV [2] as of 03/12/1998	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid (Cost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL DL	Č
Home Office: Consulate Managemer Kathy Urbanovich 800 Concourse Parkwa Maitland FL 32751			



Consulate Health Care of Tallahassee		Provider Number:	0 080428-00
1650 Phillips Road		Date:	1/9/2014
Tallahassee FL 32308		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 195.31	New Rate	Effective Date 1/1/2014
Rate Type: Interim Total Interim	X Prospec	ctive 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 Targe FRVS X Rate S	sure Rating Change and Customary Limitation t Rate limitation change 5 Change Semester Change RV [2] as of 04/01/1992	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid (Cost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL DE	Č
Home Office: Consulate Management Comp Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751	•		



Consulate Health Care of Vero Beach		Provider Number:	0 080430-00
1310 37th Street		Date:	1/9/2014
Vero Beach FL 32960		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 196.01	New Rate 192.81	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component Settlement based on costs		e 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 Limitatio ate limitation change hange nester Change [2] as of 04/01/1998	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	Č
Home Office: Consulate Management Comp Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751	-		



Consulate Health Care at West Altamonte 1099 West Town Pkwy Altamonte Springs FL 32714 Provider Type: Nursing Home Single Level		Current Rate 202.72	Provider Number: Date: Fiscal Year End: Audit Status: New Rate 195.52	0 080431-00 1/9/2014 12/31/2012 Unaudited [3] Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X		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	Changes:	Usual and Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 02/17/1994	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Consulate Management Comp Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751	oany		Thomas Parker t Reimbursement Plant	



Consulate Health Care of West Palm Beach		Provider Number:	0 080432-00
1626 Davis Road		Date:	1/9/2014
West Palm Beach FL 33406		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 209.93	New Rate 205.03	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component Settlement based on costs	X Prospective X	ve 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 an Target R FRVS C X Rate Ser	re Rating Change and Customary Limitation cate limitation change change mester Change [2] as of 04/01/1998	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plani	ning and Finance
Permanent File For information Only No Change in Rate		L DE	Č
Home Office: Consulate Management Comp Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751	-		



Consulate Health Care of Winter Haven		Provider Number:	0 080434-00
2701 Lake Alfred Road		Date:	1/9/2014
Winter Haven FL 33881		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 197.59	New Rate 195.73	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		re 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 an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/02/1998	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	Č
Home Office: Consulate Management Comp Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751	any		



Franco Nursing and Rehabilitation	n Center			Provider Number:	0 080436-00
800 NW 95th Street				Date:	1/9/2014
Miami FL 33150				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single	Level		Current Rate 208.47	New Rate 205.74	Effective Date 1/1/2014
		X		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim p Desk audited costs Desk audit - Interim Pe Desk Audit - Prospecti	ortion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/04/1996	n
Distribution:	·			Thomas Parker	
Contract Management / Fise	cal Agent	Med	licaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate				L-DE	Č
Kat 800	nsulate Management Comp hy Urbanovich Concourse Parkway South itland FL 32751	·			



The Villages Rehabilitation and Nursing Center		Provider Number:	0 081046-00
900 Hwy 466		Date:	1/9/2014
Lady Lake Fl 32159		Fiscal Year End:	1/31/2014
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 238.31	New Rate 229.88	Effective Date 1/1/2014
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		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 03/11/2013	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: 1 - No Home Office			



University Plaza Rehabilitation & Nur	sing Center		Provider Number:	0 082204-00
724 NW 19th Street			Date:	1/9/2014
Miami Fl 33136			Fiscal Year End:	12/31/2013
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Leve	el	Current Rate 239.53	New Rate 239.38	Effective Date 1/1/2014
Rate Type: X Interim X Total Interim Compone Settlement based	on costs		re Total Prospective Prospective Adjusted to Total Prospective with	
Prior Provider Pro Basis:	Chang	ges:		
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective po	<u> X</u>	Usual an Target R FRVS C Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 08/22/2013	n
Distribution:			Thomas Parker	
Contract Management / Fiscal Ag Permanent File For information Only No Change in Rate	gent		t Reimbursement Plans	
Steve Be. 1800 NE	Home Management Services aujon 168th Street, Suite 200 each FL 33162			



Bartram Crossing				Provider Number:	0 086990-00
6209 Brooks Bartram Drive	, Building 100			Date:	1/9/2014
Jacksonville FL 32258				Fiscal Year End:	6/30/2014
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sir	ngle Level		Current Rate 236.43	New Rate 242.88	Effective Date 1/1/2014
Settlen	nterim n Component nent based on costs rovider Prospective data			re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	-	Changes:			
X Budget 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 07/09/2013	n
Distribution:				Thomas Parker	
Contract Management Permanent File For information No Change in R	Only	Me		t Reimbursement Plans	
Home Office:	Brooks Health System Bruce Blake 3599 University Blvd, South Jacksonville FL 32216				



Cross Gardens Care Center		Provider Number:	0 088049-00
190 NE 191st Street		Date:	1/9/2014
Miami FL 33179		Fiscal Year End:	8/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 252.00	New Rate 252.77	Effective Date 1/1/2014
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs		e Total Prospective Prospective Adjusted t 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 d Customary Limitatio ate limitation change nange nester Change [2] as of 03/11/1992	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		t Reimbursement Plans	
Home Office: 1 - No Home Office			



Watercrest Care Center		Provider Number:	0 089220-00
16650 West Dixie Hwy		Date:	1/9/2014
North Miami Beach FL 33160		Fiscal Year End:	3/31/2014
		Audit Status:	Unaudited [3]
Provider Type:		ruan status.	onducted [5]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	228.67		1/1/2014
Rate Type :			
X Interim	Prospec	tive	
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	Licens	sure Rating Change	
Unaudited costs		and Customary Limitatio	on
Field audited costs		Rate limitation change	
Field audit - interim portion	FRVS	Change	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		emester Change V [2] as of 09/01/1999	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid C	ost Reimbursement Plan	ning and Finance
Permanent File	wiculcald C	ost Kennouisement Flan	ining and rindhee
For information Only	8	21-20	2
No Change in Rate	5		
Home Office: 1 - No Home Office			
Home Office.			



Hawthorne Health and Rehab of Sarasota	Provider Number:	0 094353-00
5381 Desoto Road	Date:	1/9/2014
Sarasota Fl 34235	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 238.71 235.30	Effective Date 1/1/2014
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Prospective Total Prospective Prospective Adjusted Total Prospective with	
	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 01/15/2013	on
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Plan	
Home Office: 1 - No Home Office		



Bon Secours Maria Manor		Provider Number:	0 200107-00
10300 4th Street North		Date:	1/9/2014
St. Petersburg FL 33716		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 225.28	New Rate 227.05	Effective Date 1/1/2014
Data Trunca			
Rate Type:			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:		Total Prospective Prospective Adjusted total Prospective with	
Dasis.	Changes.		
Budget X Unaudited costs Field audited costs Field audit - interim portion	Usual an	e Rating Change d Customary Limitatio ate limitation change hange	on
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Sen	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 FileFor information OnlyNo Change in Rate	Z	L DE	·
Home Office: Bon Secours Health System, In Keith Braganza 1505 Marriottsville Road Marriottsville MD 21104-1399			



Westminster Oaks				Provider Number:	0 200409-00
4449 Meandering Way				Date:	1/9/2014
Tallahassee FL 32308				Fiscal Year End:	3/31/2013
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	-	Current Rate 192.52	New Rate 198.27	Effective Date 1/1/2014
Interin Settlen	nterim n Component nent based on costs Provider Prospective data	X	Prospective X	ve Total Prospective Prospective Adjusted Total Prospective with	
Basis:		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	re Rating Change and Customary Limitation at limitation change whange mester Change [2] as of 10/21/1988	on
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Me	edicaid Cos	st Reimbursement Plan	ning and Finance
Permanent FileFor informationNo Change in R	-			L DE	
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801				



Floridean Nursing Home, Inc.		Provider Number:	0 200425-00
47 NW 32nd Place		Date:	1/9/2014
Miami FL 33125		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Onduction [5]
- J. P. J.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	244.74	242.71	1/1/2014
Rate Type:			
Interim	X Prospectiv		
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data		Total Prospective with	Interim Component
Basis:	Changes:		
Budget	Licensure	e Rating Change	
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 04/01/1997	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		- 7	
For information Only	Z	L-20	>
No Change in Rate			
Home Office: 1 - No Home Office			



Miami Jewish Health Systems		Provider Number:	0 200506-00
5200 N.E. 2nd Avenue		Date:	1/9/2014
Miami FL 33137		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	[J]
- J P 33	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	233.74	231.78	1/1/2014
Rate Type :			
Interim	X Prospectiv	ZA.	
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	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	7	L-20	>
No Change in Rate	2_		
Home Office: 1 - No Home Office			



Pines Nursing Home	Provider Numbe	r: 0 200620-00
301 NE 141st Street North	Dat	e: 1/9/2014
North Miami Beach FL 33161	Fiscal Year End	: 12/31/2012
	Audit Statu	-
Provider Type:	1 20000 2 0000	
	Current New	Effective
	Rate Rate	Date
Nursing Home Single Level	248.11 228.92	1/1/2014
Rate Type :		
Interim	X Prospective	
Total Interim	X Total Prospective	
Interim Component	Prospective Adjust	
Settlement based on costs Prior Provider Prospective data	1 Otal Prospective	with Interim Component
Basis:	Changes:	
Dudget	Licensure Rating Change	
Budget X Unaudited costs	Usual and Customary Limit	ation
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 10/01/198	35
<u>Distribution:</u>	Thomas Parke	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement F	
Permanent File		_
For information Only	ZL D	0
No Change in Rate		
Home Office: 1 - No Home Office		



All Saints Catholic Nursing Home & R.C. Inc.		Provider Number:	0 200735-00
5888 Blanding Boulevard		Date:	1/9/2014
Jacksonville FL 32244		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 220.47	New Rate 220.74	Effective Date 1/1/2014
Rate Type : Interim Total Interim	X Prospective	otal Prospective	
Interim Component		rospective Adjusted	for New Costs
Settlement based on costs		otal 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 Rat FRVS Ch	Rating Change Customary Limitation te limitation change tange ester Change [2] as of 10/01/1985	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L-DC	
Home Office: 1 - No Home Office			



River Garden Hebrew Home		Provider Number:	0 200859-00
11401 Old St. Augustine Rd.		Date:	1/9/2014
Jacksonville FL 32258		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current	New	Effective
N . H . C. L . L	Rate	Rate	Date
Nursing Home Single Level	241.51	241.97	1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data Basis:	X Prospective X Changes:	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	Licensur Usual an Target R FRVS C	re Rating Change and Customary Limitation ate limitation change change 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 ZC	-
Home Office: River Garden Holding Compan Betty Parker 11401 Old St. Augustine Road Jacksonville FL 32258	y		



Avante at Jacksonville Beach		Provider Number:	0 200913-00
1504 Seabreeze Avenue		Date:	1/9/2014
Jacksonville Beach FL 32250-3369		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 224.32	New Rate 218.64	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		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 07/01/1989	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: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 5 Hollywood FL 33021-6744	40-N		



COMPREHENSIVE HEALTHCARE OF CLEARWAT		Provider Number:	0 200956-00
2055 PALMETTO STREET		Date:	1/9/2014
Clearwater FL 34625		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Currer Rate 235.6	nt New Rate	Effective Date 1/1/2014
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 VS Change ESemester Change FRV [2] as of 02/01/1996	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid	Cost Reimbursement Plan	nning and Finance
Permanent FileFor information OnlyNo Change in Rate	Wedledid	21-20	
Home Office: Lyric Health Care Timothy J Trybus 7150 Columbia Gateway Drive Columbia MD 21046	e Suite J		



Memorial Manor Nursing Home		Provider Number:	0 201006-00
777 S. Douglas Road		Date:	1/9/2014
Pembroke Pines FL 33025		Fiscal Year End:	4/30/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 227.31	New Rate 225.86	Effective Date 1/1/2014
Rate Type :			
Interim	X Prospec		
Total Interim Interim Component	<u>X</u>	Total Prospective Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data	·	rotal r rospective with	i internii Component
	CI.		
Basis:	Changes:		
	Linan	our Dating Change	
Budget X Unaudited costs		sure Rating Change	
Field audited costs		and Customary Limitation than the limitation change	on
		Change	
Field audit - interim portion Desk audited costs		Change	
Desk audit - Interim Portion	X Rate S	Semester Change	
Desk Audit - Prospective portion		RV [2] as of 07/14/1989	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Madigaid (Cost Reimbursement Plan	ning and Einange
Permanent File	Medicald	ost Kennoursement i ian	ining and i mance
For information Only		71000	2
No Change in Rate		ZL-DE	
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:	1/9/2014
Cape Coral FL 33991		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Taday Status.	
V 1	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	224.06	223.91	1/1/2014
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	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS Cl	hange	
Desk audited costs	D C	4 61	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 08/28/1989	
<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			



Hobe Sound Geriatric Village, Inc.		Provider Number:	0 201545-00
9555 SE Federal Highway		Date:	1/9/2014
Hobe Sound FL 33455		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Taday Status.	
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	221.63	223.78	1/1/2014
Rate Type:	X Prospectiv	e	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data	1		
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs	Usual and	e Rating Change d Customary Limitation ate limitation change hange	on
Desk audit - Interim Portion		nester Change [2] as of 10/01/1985	
Desk Audit - Prospective portion Distribution:	OllTRV		
Contract Management / Fiscal Agent		Thomas Parker	
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			



The Gardens at DePugh Nursing Center		Provider Number:	0 201588-00
559 West Morse Blvd		Date:	1/9/2014
Winter Park FL 32789		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	Onadarrea [5]
J.F.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	212.38	215.41	1/1/2014
Data Tuna			
Rate Type:			
Interim	X Prospectiv		
Total Interim Interim Component		Total Prospective Prospective Adjusted 1	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		Town Troopedaye with	component
Basis:	Changes:		
	g		
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	agter 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			
For information Only	7	L-20	>
No Change in Rate			
Home Office: 1 - No Home Office			



Guardian Care Nursing & Rehabilitation Center		Provider Number:	0 201651-00
2500 West Church Street		Date:	1/9/2014
Orlando FL 32805		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	233.24	237.50	1/1/2014
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
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 G	. GI	
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-20	>
No Change in Rate			
Home Office: 1 - No Home Office			



Westchester Gardens Rehabilitation & Care Center		Provider Number:	0 202011-00
3301 McMullen Booth Road		Date:	1/9/2014
Clearwater FL 33761		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 228.15	New Rate	Effective Date 1/1/2014
Rate Type: Interim Total Interim	X Prospe	ctive 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 Targe FRVS	sure Rating Change and Customary Limitation t Rate limitation change S Change Semester Change RV [2] as of 09/01/1989	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid (Cost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL DE	-
Home Office: The Goodman Group, LLC 1107 Hazeltine Blvd Chaska MN 55318			



The Rohr Home	Provider Number:	0 202533-00
2120 Marshall Edwards Drive	Date:	1/9/2014
Bartow FL 33830	Fiscal Year End:	9/30/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 243.38 247.20	Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement based on costs	X Prospective X Total Prospective Adjusted Total Prospective with	for New Costs h Interim Component
Prior Provider Prospective data	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 01/01/1989	on
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Plan	
Home Office: 1 - No Home Office		



Samantha R. Wilson at Bay View		Provider Number:	0 202606-00
161 Marine Street		Date:	1/9/2014
St. Augustine FL 32084		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	onacarea [5]
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	227.96	228.50	1/1/2014
Rate Type :			
Interim	X Prospectiv	7 2	
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	Target R	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 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			
Home Office: 1 - No Home Office			



Pines of Sarasota	Provider Number:	0 202703-00
1501 North Orange Avenue	Date:	1/9/2014
Sarasota FL 34236	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 255.25 255.16	Effective Date 1/1/2014
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 with 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	n Interim Component
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Cost Reimbursement Plan	ning and Finance
For information Only No Change in Rate	21-20	2
Home Office: 1 - No Home Office		



SUNNYSIDE NURSING HOME			Provider Number:	0 202711-00
5201 Bahia Vista Street			Date:	1/9/2014
Sarasota FL 34232			Fiscal Year End:	6/30/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	_	Current Rate 261.98	New Rate 263.20	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component	X		re Total Prospective Prospective Adjusted t	for New Costs
Settlement based on costs Prior Provider Prospective data Basis:	Changes:		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 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> Contract Management / Fiscal Agent Permanent File For information Only	Me		Thomas Parker t Reimbursement Plant	
No Change in Rate		2	L-DE	
Home Office: Sunnyside Properties Of Sar Roy Sharp 5201 Bahia Vista Street Sarasota FL 34232	asota			



Center for Health Care of The Alliance Community		Provider Number:	0 202789-00
130 West Armstrong Avenue		Date:	1/9/2014
Deland FL 32720		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	enautou [e]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	185.39	189.03	1/1/2014
Rate Type:Interim	X Prospectiv		
Total Interim	X	Total Prospective	for Novy Coata
Interim Component Settlement based on costs		Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data		Total Prospective with	i interim component
Basis:	Changes:		
Dusis	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	X Rate Sen	and an Change	
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	Wicaicaia Cos	t Konnoursement i lan	iiiig and i manec
For information Only	7	120	>
No Change in Rate	2		
Home Office: 1 - No Home Office			



Miracle Hill Nursing and Convalescent Center, Inc.		Provider Number:	0 202941-00
1329 ABRAHAM STREET		Date:	1/9/2014
Tallahassee FL 32304		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 211.19	New Rate 214.14	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		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 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:	1/9/2014
Leesburg FL 34748		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Onduction [5]
- J. P	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	230.89	225.20	1/1/2014
Rate Type : Interim	X Prospectiv	ve	
Total 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 an Target R FRVS C	e Rating Change d Customary Limitatio 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 Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	L DE	> —
Home Office: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 54 Hollywood FL 33021-6744	0-N		



Villa Maria Nursing & Rehab	ilitation			Provider Number:	0 203165-00
1050 NE 125th St				Date:	1/9/2014
North Miami FL 33161				Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sing	gle Level		Current Rate 252.45	New Rate 253.02	Effective Date 1/1/2014
Settleme	Component ent based on costs	X		re Total Prospective Prospective Adjusted to total Prospective with	
Basis:	ovider Prospective data	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 Limitation ate limitation change hange nester Change [2] as of 07/01/2010	on
Distribution:				Thomas Parker	
Contract Management /	Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information C No Change in Rat	•			L-DE	_
•	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:	1/9/2014
Pahokee FL 33476		Fiscal Year End:	2/28/2013
		Audit Status:	Unaudited [3]
Provider Type:	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	242.66	242.32	1/1/2014
Rate Type : Interim	X Prospectiv		
Total Interim Interim Component		Total Prospective	for Novy Coata
Interim Component Settlement based on costs	Prospective Adjusted for New Costs X Total Prospective with Interim Component		
Prior Provider Prospective data		Total Prospective with	The initial 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 C.	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		L DE	
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:	1/9/2014
Inverness FL 34452-4753		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Onduction [3]
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	219.46	232.67	1/1/2014
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	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 01/01/1991	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		E 2004 P. St. LOS	
For information Only	Z	L-DE	>
No Change in Rate			
Home Office: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 54 Hollywood FL 33021-6744	0-N		



Avante at Lake Worth		Provider Number:	0 203238-00
2501 North A Street		Date:	1/9/2014
Lake Worth FL 33460		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 250.84	New Rate 247.16	Effective Date 1/1/2014
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 and Target Ra FRVS Cl	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		L-DE	_
Home Office: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 54 Hollywood FL 33021-6744	40-N		



The Palace at Kendall Nursing and Rehab Cente	Provider Number: 0 203327-00
11215 SW 84th Street	Date: 1/9/2014
Miami FL 33173	Fiscal Year End: 7/31/2013
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 229.97 234.00 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective	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 03/18/1991
Distribution:	Thomas Parker
Contract Management / Fiscal Agent Permanent File For information Only	Medicaid Cost Reimbursement Planning and Finance
No Change in Rate	2l De
Home Office: Professional Care Oscar Roiz 10850 SW 113th F Miami FL 33176	



TimberRidge Nursing & Rehab Center		Provider Number:	0 203335-00
9848 SW 110th Street		Date:	1/9/2014
Ocala FL 34481		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 226.11	New Rate 226.45	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	P1	otal Prospective rospective Adjusted to 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 Limitation change inge ster Change as of 03/01/1991	n
Distribution:		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			



Marianna Health & Rehabilitation	Provider Number:	0 203475-00
4295 5th Avenue	Date:	1/9/2014
Marianna FL 32446	Fiscal Year End:	9/30/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 209.35 212.25	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted a 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 01/01/1989	on
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Plan	
Home Office: 1 - No Home Office		



Manor at Carpenter's		Provider Number:	0 203599-00
1001 Carpenter's Way		Date:	1/9/2014
Lakeland FL 33809		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onducted [5]
Trovider Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	217.41	215.37	1/1/2014
Rate Type:			
Interim	X Prospective		
Total Interim Interim Component		Fotal Prospective Prospective Adjusted 1	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Budget X Unaudited costs Field audited costs	Usual and Target Ra	e Rating Change I Customary Limitation te limitation change	on
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		ester Change [2] as of 06/01/1991	
Distribution:	Oli PKV	Thomas Parker	
Contract Management / Fiscal Agent	Medicald Con		ning and Finance
Permanent File	iviedicaid Cost	Reimbursement Plan	ming and finance
For information Only No Change in Rate	Z	120	-
Home Office: 1 - No Home Office			



Perdue Medical Center		Provider Number:	0 203670-00
19590 Old Cutler Road		Date:	1/9/2014
Miami FL 33157		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onadated [5]
-10.1401 -J.P.O.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	231.64	230.31	1/1/2014
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		•	•
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	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			
For information Only	7	L-DC	>
No Change in Rate	~		
Home Office: 1 - No Home Office			
Tiome Office.			



John Knox Village Of Florida		Provider Number:	0 203769-00
651 S.W. 6TH STREET		Date:	1/9/2014
Pompano Beach FL 33060		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	218.59	217.53	1/1/2014
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			
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	nange	
Desk audited costs Desk audit - Interim Portion	X Rate Sem	nester Change	
Desk Audit - Prospective portion		[2] as of 01/01/1989	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information Only	Z	120	>
No Change in Rate			
Home Office: 1 - No Home Office			



Westminster Asbury Tower	S			Provider Number:	0 203815-00
1533 4th Avenue West				Date:	1/9/2014
Bradenton FL 34205				Fiscal Year End:	3/31/2013
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	_	Current Rate 202.12	New Rate 202.82	Effective Date 1/1/2014
Interin Settlen	Interim In Component Inent based on costs	X	Prospectiv X	ve Total Prospective Prospective Adjusted to the 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	re Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/01/1991	on
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Me	dicaid Cos	et Reimbursement Plan	ning and Finance
Permanent File For information No Change in R	-		Z	l De	<u>-</u>
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801				



Oak Bluffs Health Center		Provider Number:	0 203823-00
420 Bay Avenue		Date:	1/9/2014
Clearwater FL 34616		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 200.27	New Rate 203.44	Effective Date 1/1/2014
Data Tyma			
Interim Total Interim Interim Component Settlement 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 Cl	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 07/15/1991	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			



Lisenby on Lake Caroline		Provider Number:	0 203980-00
1400 West Eleventh Street		Date:	1/9/2014
Panama City FL 32401		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Onduction [5]
-10,1301 -JP01	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	170.01	165.30	1/1/2014
Rate Type :			
Interim	X Prospectiv	ra.	
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:		
		D. C. Cl	
Budget X Unaudited costs		e Rating Change	
Field audited costs		d Customary Limitatio ate limitation change	on
Field audit - interim portion	FRVS C	=	
Desk audited costs		C	
Desk audit - Interim Portion		nester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 10/08/1991	
<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	100		
Home Office: 1 - No Home Office			



Mease Continuing Care		Provider Number:	0 204072-00
910 New York Avenue		Date:	1/9/2014
Dunedin FL 34698		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onduction [5]
Trovider Types	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	214.40	217.62	1/1/2014
Rate Type :			
	W D		
Interim Total Interim	X Prospectiv	Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		•	•
Basis:	Changes:		
Budget		e Rating Change	
XUnaudited costs Field audited costs		d Customary Limitatio ate limitation change	n
	FRVS C	=	
Field audit - interim portion Desk audited costs	- TRVS C.	nange	
Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion		[2] as of 01/07/1992	
Distribution:		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			
Tiome Office.			



Jackson Memorial Long Term Care Center			Provider Number:	0 204161-00
2500 NW 22nd Avenue Miami FL 33142			Date:	1/9/2014
Miami FL 33142			Fiscal Year End:	9/30/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		urrent Rate 28.68	New Rate 227.64	Effective Date 1/1/2014
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	X	Usual and Target Ra FRVS Ch Rate Sem	e Rating Change I Customary Limitation te limitation change nange Dester Change [2] as of 10/01/1985	n
Distribution: Contract Management / Fiscal Agent Permanent File	Med		Thomas Parker Reimbursement Plant	-
For information Only No Change in Rate		Z	120) —
Home Office: Public Health Trust of Dade C Eric Rodriguez 1611 N.W. 12th Avenue Miami FL 33136	ounty			



Regents Park Of Boca Raton		Provider Number:	0 204170-00
6363 Verde Trail		Date:	1/9/2014
Boca Raton FL 33433		Fiscal Year End:	2/28/2013
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	Onadanoa [5]
VI	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	249.04	248.83	1/1/2014
Rate Type:			
Interim	X Prospectiv		
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted to	
Settlement based on costs Prior Provider Prospective data		Total Prospective with	Interim Component
Basis:	Changes:		
Dudgat	Licensur	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 08/01/1994	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		2 200240 2 20 300	
For information Only	Z	L-20	>
No Change in Rate			
Home Office: 1 - No Home Office			



Olds Hall Good Samaritan			Provider Number:	0 204391-00
327 Orange Avenue			Date:	1/9/2014
Daytona Beach FL 32114			Fiscal Year End:	12/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Ra	rent ate 0.94	New Rate	Effective Date 1/1/2014
Rate Type:Interim	X Pro	ospective		
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	_ _ _	P	otal Prospective rospective Adjusted a otal Prospective with	for New Costs In 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 TI F X R	sual and arget Rat RVS Cha ate Seme	Rating Change Customary Limitation e limitation change ange ester Change 2] as of 10/01/1985	on
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medica		Reimbursement Plan	-
Home Office: Evangelical Lutheran Good Sa Kim Kouri 4800 West 57th Street Sioux Falls SD 57117	maritan			



TAYLOR HOME FOR THE AGED, INC.		Provider Number:	0 204536-00
3937 Spring Park Road		Date:	1/9/2014
Jacksonville FL 32207		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 189.71	New Rate 189.68	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		re 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	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 Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L-DE	Č
Home Office: Taylor Foundation Services, I James T. Price 6601 Chester Avenue Jacksonville FL 32217	oc.		



Tri-County Nursing Home	Provider Num	ber: 0 204625-00
7280 S.W. SR 26	D	ate: 1/9/2014
Trenton FL 32693	Fiscal Year E	nd: 6/30/2012
	Audit Sta	tus: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 199.16 201.97	Effective
Data Tura		
Rate Type:		
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		nitation
Distribution:	Thomas Parl	ker
Contract Management / Fiscal Agent Permanent FileFor information Only No Change in Rate	Medicaid Cost Reimbursement	Planning and Finance
Home Office: 1 - No Home Office		



St. Catherine Laboure Manor		Provider Number:	0 205150-00
1750 Stockton Street		Date:	1/9/2014
Jacksonville FL 32204		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	221.55	224.76	1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data Basis: Budget	X Prospective X Changes:	re Total Prospective Prospective Adjusted to Total Prospective with	
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 07/01/1993	
<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: St. Vincent Health System Mike Duclos 1 Shircliff Way Jacksonville FL 32204			



KISSIMMEE GOOD SAMARITAN	<u></u>		Provider Number:	0 205303-00
1550 Aldersgate Drive			Date:	1/9/2014
Kissimmee FL 34746	_		Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	_ _	Current Rate 209.49	New Rate 213.98	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component	X		re Total Prospective Prospective Adjusted t	for New Costs
Settlement based on costs Prior Provider Prospective data Basis:	Changes		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 an Target R FRVS C Rate Sen	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 No Change in Rate	M		t Reimbursement Plans	_
Home Office: Evangelical Lutheran Go Kim Kouri 4800 West 57th Street Sioux Falls SD 57117	ood Samaritan			



American Finnish Nursing Home		Provider Number:	0 205460-00
1800 South Drive		Date:	1/9/2014
Lake Worth FL 33461		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:		110010 500005.	
	Current	New	Effective
Nursing Home Single Level	Rate 238.95	Rate	Date 1/1/2014
Nursing frome Single Level	230.93	246.38	1/1/2014
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	Target Ra	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 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	No.		
Home Office: 1 - No Home Office			



Health Center at Abbey Delray		Provider Nur	nber: (205745-00
2000 Lawson Blvd.]	Date:	1/9/2014
Delray Beach FL 33445		Fiscal Year l	End:	12/31/2012
		Audit St		Jnaudited [3]
Provider Type:		Tudit Si		madarea [5]
V 1	Curr	ent New	Effec	
	Rat		Da	
Nursing Home Single Level		.89 251.05	1/1/2	014
Rate Type: Interim Total Interim	X Pros	spective X Total Prospecti		
Interim Component	<u> </u>	Prospective Ad	justed for New	Costs
Settlement based on costs		Total Prospecti	ve 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	Us Ta FR X Ra	censure Rating Chang ual and Customary Li rget Rate limitation cl LVS Change te Semester Change FRV [2] as of 07/01/	mitation nange	
<u>Distribution:</u>		Thomas Par	rker	
Contract Management / Fiscal Agent	Medica	d Cost Reimburseme	nt Planning and	Finance
Permanent FileFor information OnlyNo Change in Rate		212	_	
Home Office: LifeSpace Communities, Inc. 100 East Grand Ave. Des Moines IA 50309				



The Commons at Orlando Lutheran Towers		Provider Number:	0 205796-00
300 East Church Street		Date:	1/9/2014
Orlando FL 32801		Fiscal Year End:	8/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		1 Tudit Status.	0
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	200.10	203.64	1/1/2014
Rate Type:			
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		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 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	538		
Home Office: 1 - No Home Office			



St John's Nursing Home			Provider Number:	0 205800-00
3075 NW 35th Avenue			Date:	1/9/2014
Lauderdale Lakes FL 33311			Fiscal Year End:	9/30/2012
			Audit Status:	Unaudited [3]
Provider Type:				
	(Current	New	Effective
Nursing Home Single Level		Rate 243.96	Rate	Date 1/1/2014
Nursing Home Single Level		243.90	246.00	1/1/2014
Rate Type :				
Interim	X	Prospectiv		
Total Interim		X	Total Prospective	2. 27. 6
Interim Component			Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data			Total Prospective with	Interim Component
		1		
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 Desk Audit - Prospective portion	<u> X</u>	Rate Sen Not on F	nester Change RV [1]	
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent	- M.	1::1 ()		.i
Permanent File	Med	iicaid Cos	t Reimbursement Plan	ning and Finance
For information Only			L-DE	>
No Change in Rate		~	- al	
Home Office: Catholic Health Services				
Mary Jo Frick				
4790 N. State Road 7				
Lauderdale Lakes FL 33319				



		Provider Number:	0 205923-00
315 South Flagler Drive		Date:	1/9/2014
West Palm Beach FL 33401		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onduction [5]
-10,1401 -J.P.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	255.04	254.58	1/1/2014
Rate Type :			
Interim Total Interim	X Prospectiv	7e Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			r
Basis:	Changes:		
Duois.	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	P	, CI	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 04/01/1993	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	- W 1: :10		' 15'
Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only	~~~	11-00	>
No Change in Rate	2	LDE	
Home Office: 1 - No Home Office			
Home Office: 1 - No Home Office			



Suwannee Valley Nursing Center		Provider Number:	0 206300-00
427 NW 15th Ave.		Date:	1/9/2014
Jasper FL 32052		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 232.52	New Rate 236.44	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior 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 Ra FRVS Cl	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			



Morton Plant Rehabilitation	Center			Provider Number:	0 206431-00
400 Corbett Street				Date:	1/9/2014
Clearwater FL 33756				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level	_	Current Rate 233.30	New Rate 227.67	Effective Date 1/1/2014
Interir Settler	Interim n Component nent based on costs Provider Prospective data	X	Prospectiv X	re Total Prospective Prospective Adjusted total Prospective with	
Basis:		Changes			
Budget X Unaudited costs Field audited cost Field audit - inte 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 10/01/1985	on
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in F	•			L-DE	
Home Office:	Baycare Health System 2985 Drew Street Clearwater FL 33759				



Saint Andrews Estates North		Provider Number:	0 206521-00
6152 North Verde Trail		Date:	1/9/2014
Boca Raton FL 33433		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 231.90	New Rate 234.43	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospecti 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	Usual ar Target F FRVS C X Rate Ser	mester Change	n
Desk Audit - Prospective portion	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		st Reimbursement Plan	
Home Office: Karen Beasley 375 Morris Road West Point PA 19486			



The Waterford		Provider Number:	0 206610-00
601 Universe Blvd.		Date:	1/9/2014
Juno Beach FL 33408		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 251.41	New Rate 259.79	Effective Date 1/1/2014
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 C. X Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/01/1986	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plant	-
Home Office: Life Care Retirement Comm.,In John Kaduce 200 East Grand Avenue Des Moines IA 50309-1800	ic.		



Abbey Delray South		Provider Number:	0 206865-00
1717 Homewood Blvd.		Date:	1/9/2014
Delray Beach FL 33445		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 257.78	New Rate 258.43	Effective Date 1/1/2014
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	are Rating Change and Customary Limitation Rate limitation change Change Emester Change V [2] as of 04/01/1986	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	ost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		el De	_
Home Office: LifeSpace Communities, Inc. 100 East Grand Ave. Des Moines IA 50309			



Joseph L. Morse Geriatric Center, Inc		Provider Number:	0 207381-00
4847 FRED GLADSTONE DRIVE		Date:	1/9/2014
West Palm Beach FL 33417		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 232.85	New Rate 231.02	Effective Date 1/1/2014
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 Limitatio 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		L-DE	_
Home Office: 1 - No Home Office			



TAYLOR CARE CENTER, INC. 6635 CHESTER AVE.		Provider Number:	0 207446-00
Jacksonville FL 32217		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curre Rat 226 .	e Rate	Effective Date 1/1/2014
Rate Type: Interim Total Interim		pective X Total Prospective	
Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Changes:	Prospective Adjusted Total Prospective wit	for New Costs th Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Lic Usi Tai FR X Rai	tensure Rating Change ual and Customary Limitation change VS Change the Semester Change FRV [2] as of 01/01/2004	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicai	Thomas Parker d Cost Reimbursement Plan	-
Home Office: Taylor Foundation Services, In James T. Price 6601 Chester Avenue Jacksonville FL 32217	2.		



Sunrise Health & Rehabilita	tion Center			Provider Number:	0 207497-00
4800 Nob Hill Road				Date:	1/9/2014
Sunrise FL 33351				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 240.03	New Rate 242.46	Effective Date 1/1/2014
Settlem	nterim n Component nent based on costs rovider Prospective data	X		re Total Prospective Prospective Adjusted to 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 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 Plan	ning and Finance
Permanent FileFor informationNo Change in R	•			L-DE	
Home Office:	Subacute Services, Inc. Doris Peterson 4800 Nob Hill Road Sunrise FL 33351				



AUBURNDALE OAKS HEALTHCARE CENTER		Provider Number:	0 207527-00
919 Old Winter Haven Road		Date:	1/9/2014
Auburndale FL 33823		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 203.42	New Rate 205.21	Effective Date 1/1/2014
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 Ray FRVS Cl	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 Permanent FileFor information Only		t Reimbursement Plan	
No Change in Rate Home Office: Lyric Health Care Timothy J Trybus 7150 Columbia Gateway Drive Columbia MD 21046			



Lakeside Health Center		Provid	der Number:	0 207683-00
2501 Australian Avenue			Date:	1/9/2014
West Palm Beach FL 33407		Fisca	l Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:		1	rudit Status.	Onduction [5]
- J P 33	Curr	ent	New	Effective
	Ra		Rate	Date
Nursing Home Single Level	224	.52 2	227.63	1/1/2014
Rate Type:	X Pro:	spective		
Total Interim	110		ospective	
Interim Component			_	for New Costs
Settlement based on costs	_		•	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
Budget	Li	censure Rating	Change	
X Unaudited costs		sual and Custor		on
Field audited costs		rget Rate limit	ation change	
Field audit - interim portion	FF	RVS Change		
Desk audited costs Desk audit - Interim Portion	Ra	ate Semester Ch	nongo	
Desk Audit - Prospective portion		n FRV [2] as of		
Distribution:		Thor	nas Parker	
Contract Management / Fiscal Agent	Medica	id Cost Reimb	ursement Plan	ning and Finance
Permanent File		-7		
For information Only No Change in Rate		ZL	Re	
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:	1/9/2014
St. Augustine FL 32806		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curre Rate 234.	nt New	Effective
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs		pective X Total Prospective Prospective Adjusted Total Prospective wit	for New Costs h 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	Usu Targ FRV X Rate	ensure Rating Change al and Customary Limitati get Rate limitation change VS Change e Semester Change FRV [2] as of 03/01/2004	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaio	l Cost Reimbursement Plan	nning 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:	1/9/2014
St. Petersburg FL 33710		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 243.62	New Rate 246.40	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospectiv	re Total Prospective Prospective Adjusted of 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		LRE	
Home Office: 1 - No Home Office			



Jupiter Medical Center Pavilion, Inc.		Provider Number:	0 208485-00
1230 South Old Dixie Highway		Date:	1/9/2014
Jupiter FL 33458		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 233.36	New Rate 233.42	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component Settlement 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 Cl	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			



Claridge House Nursing & Rehabilitation Center		Provider Number:	0 208507-00
13900 NE 3rd Court		Date:	1/9/2014
North Miami FL 33161		Fiscal Year End:	8/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.19	New Rate 215.38	Effective Date 1/1/2014
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 08/01/2002	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: 1 - No Home Office			



Westminster Towers		Provider Number:	0 208540-00
70 West Lucerne Circle		Date:	1/9/2014
Orlando FL 32801		Fiscal Year End:	3/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 196.37	New Rate 200.12	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs		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 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	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LZE	_
Home Office: Westminster Services 80 West Lucerne Circle Orlando FL 32801			



Baptist Manor		Provider Number:	0 208809-00
10095 Hillview Road		Date:	1/9/2014
Pensacola FL 32514		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 212.11	New Rate 215.94	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		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 02/01/2009	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plant	-
Home Office: Baptist Health Care Corporation Timothy M. Owens 1717 North E Street Pensacola FL 32501	on		



Courtenay Springs Village		Provider Number:	0 209325-00
1100 S. Courtenay Parkway		Date:	1/9/2014
Merritt Island FL 32952		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curren Rate 215.60	New Rate	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospe	ctive 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	Usua Targe FRV X Rate	Isure Rating Change I and Customary Limitation that Rate limitation change S Change Semester Change RV [2] as of 12/01/1994	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid	Cost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL DL	_
Home Office: Retirement Housing Foundatio Robin Padilla 911 N. Studebaker Rd Long Beach CA 90815-4900	n		



Westminster Asbury Manor				Provider Number:	0 209422-00
1700 21st Avenue West				Date:	1/9/2014
Bradenton FL 34205				Fiscal Year End:	3/31/2013
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 208.41	New Rate 210.31	Effective Date 1/1/2014
	n Component	X	Prospectiv X	Total Prospective Prospective Adjusted	
	rovider Prospective data	Changes:]	Total Prospective with	Interim Component
Budget X Unaudited costs Field audited cos Field audit - inter Desk audited cost Desk Audit - Inter Desk Audit - Pros	rim portion is im Portion	X	Usual an Target R FRVS C	re Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 03/11/1987	n
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				



St Anne's Nursing Center				Provider Number:	0 209473-00
11855 Quail Roost Drive				Date:	1/9/2014
Miami FL 33177				Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single	: Level		Current Rate 238.23	New Rate 239.19	Effective Date 1/1/2014
		X1		re Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim p Desk audited costs Desk audit - Interim p Desk Audit - Prospec	Portion	Changes:	Usual and Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change	n
Ma 479		Med		Thomas Parker t Reimbursement Plans	_



Bishop's Glen Health Care Center			Provider Number:	0 209511-00
900 LPGA Blvd			Date:	1/9/2014
Holly Hill FL 32117			Fiscal Year End:	9/30/2012
			Audit Status:	Unaudited [3]
Provider Type:		urrent Rate	New Rate	Effective Date
Nursing Home Single Level		36.20	239.60	1/1/2014
Rate Type:	X Pı	rospective		
Total Interim		-	Γotal 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	Rating Change	
X Unaudited costs			Customary Limitatio	on
Field audited costs		_	te limitation change	
Field audit - interim portion		FRVS Ch	ange	
Desk audited costs Desk audit - Interim Portion	<u> </u>	Rata Sam	ester Change	
Desk Audit - Prospective portion			[2] as of 12/01/1987	
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent	Medie	caid Cost	Reimbursement Plan	ning and Finance
Permanent File			100 4	96
For information Only		Z	220	>
No Change in Rate		533		
Home Office: Retirement Housing Foundation Robin Padilla 911 N. Studebaker Rd Long Beach CA 90815-4900	1			



Winter Park Towers				Provider Number:	0 209848-00
1111 South Lakemount Ave	enue ,M.S. #101			Date:	1/9/2014
Winter Park FL 32792				Fiscal Year End:	3/31/2013
				Audit Status:	Unaudited [3]
Provider Type:				rudit Status.	Onduction [3]
J F			Current	New	Effective
			Rate	Rate	Date
Nursing Home Si	ngle Level	_	192.14	195.06	1/1/2014
	nterim	X	Prospectiv X	Total Prospective	
	n Component			Prospective Adjusted	
	nent based on costs			Total Prospective with	Interim Component
Prior F	Provider Prospective data				
Basis:		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	re Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1987	on
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in F				LDE	
Home Office:	Westminster Services				
	80 West Lucerne Circle Orlando FL 32801				



Sun Terrace Health Care Center		Provider Number:	0 209856-00
105 Trinity Lake Drive		Date:	1/9/2014
Sun City Center FL 33573		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Taday Status.	0
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	219.90	222.54	1/1/2014
Rate Type:			
Interim	X Prospectiv		
Total Interim		Total Prospective	Com Morri Comto
Interim Component Settlement based on costs		Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data		Total Prospective with	i internii Component
	CI		
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 09/01/1987	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		-7	
For information Only	Z	L-20	>
No Change in Rate	578		
Home Office: 1 - No Home Office			



Life Care Center of Altamonte Springs			Provider Number:	0 210137-00
989 Orienta Avenue			Date:	1/9/2014
Altamonte Springs FL 32701			Fiscal Year End:	7/31/2013
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 210.15	New Rate 216.79	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component	X		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	X	Usual and Target R FRVS Cl	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	Me		t Reimbursement Plans	-
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320				



Covenant Village Care Center		Provider Number:	0 210188-00
9201 West Broward Blvd.		Date:	1/9/2014
Plantation FL 33324		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 239.37	New Rate 238.97	Effective Date 1/1/2014
Rate Type:			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget	X Prospect X Changes:	tive Total Prospective Prospective Adjusted if Total Prospective with total Prospective with	
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Usual a Target FRVS X Rate So	and Customary Limitation Rate limitation change Change emester Change	on
Desk Audit - Prospective portion	On FR	V [2] as of 03/15/1988	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	ost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	ž	26-26	·
Home Office: Covenant Retirement Commi Elizabeth Buikema 5700 Old Orchard Road Skokie IL 60077	unities		



John Knox Village Medical Center				Provider Number:	0 210285-00
4100 E. FLETCHER AVENUE				Date:	1/9/2014
Tampa FL 33613				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Le	evel		Current Rate	New Rate 216.56	Effective Date 1/1/2014
Rate Type: Interim Total Interim Composite		X1		e Total Prospective Prospective Adjusted to Total Prospective with	
Prior Provider Basis:	Prospective data	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim porti Desk audit - Interim Porti Desk Audit - Prospective	on	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	n
Distribution:				Thomas Parker	
Contract Management / Fiscal Permanent File	Agent	Med	licaid Cos	t Reimbursement Plan	ning and Finance
For information Only No Change in Rate			Z	L DE) —
2985 E	re Health System Orew Street rater FL 33759				



Azalea Trace		Provider Number:	0 210374-00
10100 Hillview Road	-	Date:	1/9/2014
Pensacola FL 32504	_	Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 215.87	New Rate 216.31	Effective Date 1/1/2014
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	Usual an	Total Prospective Prospective Adjusted a Total Prospective with re Rating Change and Customary Limitation Rate limitation change	Interim Component
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		mester Change 7 [2] as of 09/01/1988	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	2	I DE	· —
Home Office: Karen Beasley 375 Morris Road West Point PA 19486			



Village on the Isle		Provider Number:	0 210463-00
950 SOUTH TAMIAMI TRAIL		Date:	1/9/2014
Venice FL 34285		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Onadanoa [5]
- 10 / Aug. 1 / Po.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	251.31	255.00	1/1/2014
Rate Type :			
	W D		
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		re Rating Change	
Unaudited costs Field audited costs		d Customary Limitation ate limitation change	n
	FRVS C	=	
Field audit - interim portion Desk audited costs	TRV5 C	mange	
Desk audit - Interim Portion	X Rate Ser	nester Change	
Desk Audit - Prospective portion		[2] as of 03/01/2009	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File			
For information Only	7	L-DC	>
No Change in Rate	~		
Home Office: 1 - No Home Office			
Home Office.			



HealthPark Care Center		Provider Number:	0 210587-00
16131 Rose Rush Court		Date:	1/9/2014
Ft. Myers FL 33908		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 238.21	New Rate 236.67	Effective Date 1/1/2014
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 tate limitation change Thange mester Change [2] as of 12/18/1992	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: Lee Memorial Health System 636 Del Prado Boulevard Cape Coral FL 33990			



Avante at Boca Raton		Provider Number:	0 210676-00
1130 NORTHWEST 15TH STREET		Date:	1/9/2014
Boca Raton FL 33486		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Onduction [5]
••	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	246.29	236.32	1/1/2014
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 C	e Rating Change d Customary Limitation ate limitation change hange mester Change [2] as of 04/01/1993	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: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 5 Hollywood FL 33021-6744	40-N		



The Edgewater at Waterman Village		Provider Number:	0 210684-00
300 Brookfield Ave		Date:	1/9/2014
Mount Dora FL 32757		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tradit Status.	0
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	226.07	228.91	1/1/2014
Rate Type:	X Prospectiv	e	
Total Interim	X	Total Prospective	
Interim Component		Prospective Adjusted t	
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	Usual and	e Rating Change I Customary Limitation ate limitation change nange	n
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 05/03/1993	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plant	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
Home Office: 1 - No Home Office			



Emory L. Bennett State Veterans' Nursing Home		Provider Number:	0 210889-00
1920 Mason Avenue		Date:	1/9/2014
Daytona Beach FL 32117		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 232.22	New Rate 233.38	Effective Date 1/1/2014
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 [2] as of 01/19/1994	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: Florida Dept. of Veterans Affa Walter Gilchrist 11351 Ulmerton Road, Room 3 Largo Fl 33778-1630			



Sabal Palms Health Care	e Center			Provider Number:	0 210951-00
499 Alternate Keene Ro	ad			Date:	1/9/2014
Largo FL 33771-1652				Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:					
		(Current	New	Effective
N	C' 1 I 1		Rate	Rate	Date
Nursing Home	Single Level		198.03	199.30	1/1/2014
	Level U: Fragile Under 21	_	472.56	477.20	1/1/2014
D (T					
Rate Type:					
Interim	. 1	X	Prospectiv		
	tal Interim erim Component			Total Prospective Prospective Adjusted to	for New Costs
	tlement based on costs			Total Prospective with	
	or Provider Prospective data			Total Prospective with	i interim Component
		CI	1		
Basis:		Changes:	_		
Budget			Licensur	e Rating Change	
X Unaudited cos	sts			d Customary Limitatio	n
Field audited				ate limitation change	
Field audit - i	interim portion		FRVS C	hange	
Desk audited					
	nterim Portion Prospective portion	X		nester Change [2] as of 05/18/1990	
Distribution:	rospective portion		OHTICV	Thomas Parker	
Contract Managem	nent / Fiscal Agent		1: :16		' 1E'
Permanent File	C	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
For informat	tion Only		~~~	1000	>
No Change	in Rate		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 Del Sur		Date:	1/9/2014
Boca Raton FL 33433		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 238.54	New Rate 237.38	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior 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 03/17/1994	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		IL DE	_
Home Office: Sunrise Senior Living Tony Harris 7900 W. Park Drive, STE T900 McLean VA 22102			



W FRANK WELLS NURSING FACILITY		Provider Number:	0 211052-00
159 NORTH 3RD STREET		Date:	1/9/2014
Macclenny FL 32063		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 244.45	New Rate 246.30	Effective Date 1/1/2014
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: Licensur Usual and Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Desk Audit - Prospective portion		[2] as of 10/01/1985	
<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			



Huntington Place Care & Rel	nabilitation Center			Provider Number:	0 211281-00
1775 Huntington Lane				Date:	1/9/2014
Rockledge FL 32955				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sing	gle Level		Current Rate 184.81	New Rate 186.61	Effective Date 1/1/2014
Settleme	terim 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 - interin Desk audited costs Desk audit - Interin Desk Audit - Prosp	m portion n Portion	X	Usual an Target R FRVS C	re 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	Mee	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information C No Change in Ra				LDE	
	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



Hardee Manor Healthcare Center		Provider Number:	0 211435-00
401 Orange Place		Date:	1/9/2014
Wauchula FL 33873		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 196.36	New Rate 199.49	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective X	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 ar Target R FRVS C	re Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/1989	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker	_
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:	1/9/2014
Ft. Pierce FL 34947		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 202.01	New Rate 205.56	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospect	ive Total Prospective Prospective Adjusted in 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	ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 05/01/1993	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	ost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		el De	_
Home Office: Lyric Health Care Timothy J Trybus 7150 Columbia Gateway Drive Columbia MD 21046	e Suite J		



Life Care Center of Citrus County		Provider Number:	0 211532-00
3325 Jerwayne Lane		Date:	1/9/2014
Lecanto FL 34461		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 208.90	New Rate 211.81	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior 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 I FRVS C	re Rating Change and Customary Limitation Rate limitation change Change mester Change [2] as of 11/15/1994	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st 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			



Plaza West		Provider Number:	0 211885-00
912 American Eagle Blvd		Date:	1/9/2014
Sun City Center FL 33573		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 215.51	New Rate 215.75	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospec	tive 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	ture Rating Change and Customary Limitatio Rate limitation change Change emester Change V [2] as of 06/10/1994	n
Distribution:	0.111		
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker Ost Reimbursement Plant	_
Home Office: Brookdale Senior Living, Inc. Russ Bellora 111 Westwood Place, Ste. 400 Brentwood TN 37027			



Lake Park of Madison		Provider Number:	0 211923-00
259 SW Captain Brown Road		Date:	1/9/2014
Madison FL 32340		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onduction [5]
-JPS	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	187.40	190.14	1/1/2014
Rate Type:	X Prospecti	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	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 Desk audit - Interim Portion	X Rate Ser	nester Change	
Desk Audit - Prospective portion		[2] as of 08/25/1995	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File		5 VOIL-10	900
For information Only	2	120	>
No Change in Rate	50		
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:	1/9/2014
West Palm Beach FL 33401		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	235.43	234.09	1/1/2014
Rate Type: Interim Total Interim	X Prospectiv	ve Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs	X	Total Prospective with	
Prior Provider Prospective data		Total Prospective with	i intermi 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	D C		
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 No Change in Rate	Z	L-DC	·
Home Office: 1 - No Home Office			



Westminster Woods on Juli	ngton Creek			Provider Number:	0 212083-00
25 William Bartram Scenic	Highway			Date:	1/9/2014
Jacksonville FL 32259				Fiscal Year End:	3/31/2013
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	_	Current Rate 197.97	New Rate 199.94	Effective Date 1/1/2014
Interin Settlen	Interim In Component Inent 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 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 Limitatio ate limitation change hange nester Change [2] as of 01/01/1996	on
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in R				LDE	
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801				



Ybor City Healthcare and Rehabilitation Center		Provider Number:	0 212164-00
1709 Taliaferro Ave.		Date:	1/9/2014
Tampa FL 33602		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 214.65	New Rate 217.35	Effective Date 1/1/2014
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 X Rate Ser	re Rating Change and Customary Limitation at limitation change whange 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		LDE	_
Home Office: Summit Care II, Inc Guy Farmer 2851 Remington Green Circle Tallahassee FL 32308	s, Ste. D		



The Fountains Nursing Hon	ne			Provider Number:	0 212393-00
3800 North Federal Hwy.		•		Date:	1/9/2014
Boca Raton FL 33431				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	_	Current Rate 216.58	New Rate 220.65	Effective Date 1/1/2014
Rate Type :		X	Prospectiv		
	nterim 1 Component		X	Total Prospective Prospective Adjusted	for New Costs
	nent based on costs			Total Prospective with	
	rovider Prospective data				r
Basis:		Changes:			
Budget X Unaudited costs Field audited cos Field audit - inter Desk audited cos Desk audit - Inter Desk Audit - Pros	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 03/01/1986	n
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent		edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in R	-	IVIA		L DE	
Home Office:	Rohm Service Corp				
	740 East Avenue Rochester NY 14607				



Woodland Terrace		Provider Number:	0 212636-00
120 Chipola Avenue		Date:	1/9/2014
Deland FL 32720		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onadated [5]
- J. P. J.	Currer	nt New	Effective
	Rate	Rate	Date
Nursing Home Single Level	173.8	<u> 165.52</u>	1/1/2014
Rate Type :			
Interim	X Prosp	ective	
Total Interim	X		
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	h Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Lice	nsure Rating Change	
X Unaudited costs		al and Customary Limitation	on
Field audited costs	Targ	et Rate limitation change	
Field audit - interim portion	FRV	'S Change	
Desk audited costs Desk audit - Interim Portion	X Rate	Compostor Change	
Desk Audit - Prospective portion		Semester Change FRV [2] as of 09/27/1996	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid	Cost Reimbursement Plan	ning and Finance
Permanent File	1110010010		
For information Only		21-20	2
No Change in Rate		- EL	
Home Office: SMJ Enterprises, LLC			
Donna Marsh			
1704 Huntington Village Circle Daytona Beach FL 32114			
Daytolia Beach FL 32114			



Suncoast Manor				Provider Number:	0 212709-00
6909 9th Street South				Date:	1/9/2014
St. Petersburg FL 33705-62	272			Fiscal Year End:	3/31/2013
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ingle Level	<u>-</u>	Current Rate 182.98	New Rate 187.58	Effective Date 1/1/2014
Interi	Interim m Component ment based on costs	X	Prospectiv X	ve Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Provider Prospective data	Changes	:		
Budget X Unaudited costs Field audited co Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion	X	Usual an Target R FRVS C	te Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/23/1996	on
Distribution:				Thomas Parker	
Contract Managemen Permanent File For information No Change in 1	n Only	M		t Reimbursement Plan	_
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801				



Oceanside Extended Care Center			Provider Number:	0 212733-00
550 9th Street			Date:	1/9/2014
Miami Beach FL 33139			Fiscal Year End:	12/31/2012
			Audit Status:	Unaudited [3]
Provider Type:			Audit Status.	Onductica [5]
- J. P. C.	Cu	ırrent	New	Effective
	F	Rate	Rate	Date
Nursing Home Single Level		51.72	152.79	1/1/2014
Rate Type :	V D	rospectivo		
Interim Total Interim	P1	•	e Fotal Prospective	
Interim Component	-		Prospective Adjusted f	for New Costs
Settlement based on costs	-		Total Prospective with	
Prior Provider Prospective data	-			
Basis:	Changes:			
Budget		Licensure	Rating Change	
X Unaudited costs	1	Usual and	l Customary Limitatio	n
Field audited costs		_	te limitation change	
Field audit - interim portion		FRVS Ch	nange	
Desk audited costs Desk audit - Interim Portion	<u> </u>	Data Cam	actor Change	
Desk Audit - Prospective portion			ester Change [2] as of 10/01/1985	
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent	Medie	caid Cost	Reimbursement Plan	ning and Finance
Permanent File				
For information Only No Change in Rate		Z	L-20	>
Home Office: SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114	2			



Florida Lutheran Retirement Center		Provider Number:	0 212792-00
450 NORTH MCDONALD AVENUE		Date:	1/9/2014
DeLand FL 32724		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 197.97	New Rate 201.78	Effective Date 1/1/2014
Rate Type:			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget	Changes:	Total Prospective Prospective Adjusted total Prospective with	
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs		d Customary Limitatio ate limitation change hange	n
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 01/17/1997	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plant	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	L DE	» —
Home Office: Evangelical Lutheran Good S Kim Kouri 4800 West 57th Street Sioux Falls SD 57117	Samaritan		



Palmetto Subacute Care Center		Provider Number:	0 212806-00
7600 S.W. 8th Street		Date:	1/9/2014
Miami FL 33144		Fiscal Year End:	7/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onadarica [5]
Trovider Type:	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	260.46	266.78	1/1/2014
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:		
Dudget	Licensur	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 Desk Audit - Prospective portion		nester Change [2] as of 01/24/1997	
Distribution:	On i Kv		
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only	and the same	17-00	2
No Change in Rate	2	L-DU	
Home Office: 1 - No Home Office			



Egret Cove Center		Provider Number:	0 212890-00
550 62nd Street		Date:	1/9/2014
St. Petersburg FL 33707		Fiscal Year End:	7/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		Taday Status.	0
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	200.24	209.27	1/1/2014
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		d Customary Limitatio	on
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 Plan	ning and Finance
Permanent File			
For information Only	2	L-20	>
No Change in Rate	<u> </u>		
Home Office: 1 - No Home Office			



Emerald Coast Center		Provider Number:	0 212903-00
114 Third Street South		Date:	1/9/2014
Ft. Walton Beach FL 32548		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Onadared [5]
-JPS	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	194.82	197.42	1/1/2014
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 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
<u>Distribution:</u>			
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cost	t Reimbursement Plan	ning and Finance
For information Only No Change in Rate	2	L DE	
Home Office: 1 - No Home Office			



Clearwater Center		Provider Number:	0 212911-00
1270 Turner Street		Date:	1/9/2014
Clearwater FL 34616		Fiscal Year End:	8/31/2013
		Audit Status:	Unaudited [3]
Provider Type:			933300000 [0]
• •	Current	New	Effective
N . H . C. L .	Rate	Rate	Date
Nursing Home Single Level	197.76	202.50	1/1/2014
Rate Type: Interim 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 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 10/01/1985	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: 1 - No Home Office			



Florida Presbyterian Homes, Inc.		Provider Number:	0 212971-00
16 Lake Hunter Drive		Date:	1/9/2014
Lakeland FL 33803		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onadated [5]
- J. P. V.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	205.46	206.13	1/1/2014
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			
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 03/20/1997	
Distribution:		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	-30		
Home Office: 1 - No Home Office			



Bay Center		Provider Number:	0 212989-00
1336 St. Andrews Blvd		Date:	1/9/2014
Panama City FL 32405		Fiscal Year End:	8/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		Tadar Status.	
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	189.76	193.79	1/1/2014
Rate Type :			
 Interim	X Prospectiv	<i>r</i> e	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
	Ligangur	e Rating Change	
Budget X Unaudited costs		e Kating Change d Customary Limitatio	n
Field audited costs		ate limitation change	71
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:	On rev		
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only	H-15	11-01	>
No Change in Rate	2	L-DE	
Home Office: 1 - No Home Office			
		T T	



Bartow Center		Provider Number:	0 212997-00
2055 East Georgia Street		Date:	1/9/2014
Bartow FL 33830		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit status.	Onadarea [5]
Trontage Types	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	190.67	192.71	1/1/2014
Rate Type :			
Interim	X Prospective	2	
Total Interim		Γotal 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	Rating Change	
X Unaudited costs	Usual and	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	7	L-20	>
No Change in Rate			
Home Office: 1 - No Home Office			



Boca Ciega Center		Provider Number:	0 213004-00
1414 59th Street South		Date:	1/9/2014
Gulfport FL 33707		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 199.59	New Rate 202.22	Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	I	e Total Prospective Prospective Adjusted 1 Total Prospective with	
	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs 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 10/01/1985	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Reimbursement Plant	-
Home Office: 1 - No Home Office			



Tamarac Rehabilitation and Health Center		Provider Number:	0 213098-00
7901 NW 88th Avenue		Date:	1/9/2014
Tamarac FL 33321		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 233.56	New Rate	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior 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 Target FRVS X Rate S	sure Rating Change and Customary Limitation Rate limitation change Change Semester Change EV [2] as of 11/01/1997	n
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid C	Cost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		el De	> —
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:	1/9/2014
Palm City FL 34990	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current New Rate Rate 261.37 262.11	Effective Date 1/1/2014
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 with Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 04/21/1997	n Interim Component
<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		



Life Care Center at Wells Crossing		Pro	vider Number:	0 213161-00
355 Crossing Boulevard			Date:	1/9/2014
Orange Park FL 32073		Fis	scal Year End:	7/31/2013
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Cur Ra 199		New Rate 203.15	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Pro	Prosp	Prospective ective Adjusted Prospective with	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	U FI FI	arget Rate lir RVS Change ate Semester	tomary Limitation change	on
Distribution:		Th	omas Parker	
Contract Management / Fiscal Agent	Medica			ning and Finance
Permanent FileFor information OnlyNo Change in Rate			200	_
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:	1/9/2014
Venice FL 34292		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 216.82	New Rate 218.23	Effective Date 1/1/2014
Rate Type:	V Drognostiv		
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		-	•
Basis:	Changes:		
Decident	Licensur	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 04/01/1997	
<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			



Life Care Center Of Orlando		Provider Number:	0 213403-00
3211 Rouse Road		Date:	1/9/2014
Orlando FL 32817		Fiscal Year End:	7/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.17	New Rate	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospe	ctive Total Prospective Prospective Adjusted to the control of the contro	
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	sure Rating Change and Customary Limitation t Rate limitation change S Change Semester Change RV [2] as of 10/02/1997	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid (Cost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL DE	_
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Madison Nursing Center		Provider Number:	0 213462-00
2481 West US 90		Date:	1/9/2014
Madison FL 32340		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Onduction [3]
V 1	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	230.43	234.24	1/1/2014
Rate Type:			
Interim	X Prospectiv		
Total Interim Interim Component		Total Prospective Prospective Adjusted 1	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		Total Prospective with	i interim component
Basis:	Changes:		
	8		
Budget		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 Sem	nester Change	
Desk Audit - Prospective portion		[2] as of 09/01/1996	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	Wiedledid Cos	t itemio disementi i idi.	and I manee
For information Only	7	L-20	>
No Change in Rate	_		
Home Office: Summit Care II, Inc			
Guy Farmer			
2851 Remington Green Circle, S	Ste. D		
Tallahassee FL 32308			



VI at Lakeside Village	I	Provider Number:	0 213837-00
2792 Donnelly Drive		Date:	1/9/2014
Lantana FL 33462		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 246.44	New Rate 253.04	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim Component Settlement based on costs	Pro	tal Prospective	for New Costs
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 Char X Rate Semes		n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent		eimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		C-20	
Home Office: 1 - No Home Office			



Page Rehabilitation and Healthcare Center		Provider Number:	0 213900-00
2310 North Airport Road		Date:	1/9/2014
Fort Myers FL 33907		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tudit Status.	enautou [e]
J F	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	235.07	238.51	1/1/2014
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	Timerini 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		nester Change [2] as of 07/01/1986	
Desk Audit - Prospective portion Distribution:	OllTRV	[2] as 01 07/01/1980	
		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only			2
	2	L-DC	<i>-</i>
No Change in Rate			
Home Office: 1 - No Home Office			



TMH Skilled Nursing Facility		Provider Number:	0 213934-00
1609 Medical Drive		Date:	1/9/2014
Tallahassee FL 32308		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onaudited [5]
-JPS	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	214.94	214.45	1/1/2014
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:		
Destact	I icensur	e Rating Change	
Budget X Unaudited costs		d Customary Limitatic	nn
Field audited costs		ate limitation change	, i
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		11-00	2
No Change in Rate	2	LDE	
		,	
Home Office: 1 - No Home Office			
		l l	



MIAMI SHORES NURSING AND REHAB CENTER		Provider Number:	0 214035-00
9380 N.E 7TH AVENUE		Date:	1/9/2014
Miami FL 33150		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 262.87	New Rate 266.48	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component Settlement 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 10/01/1985	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: 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:	1/9/2014
Hilliard FL 32046			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	R	rrent ate 5.80	New Rate 198.01	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim Component Settlement based on costs	X Pro	Pı	otal Prospective	for New Costs h Interim Component
Prior Provider Prospective data Basis:	Changes:		Suit Trospective with	
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 X R	Usual and Carget Rate CRVS Cha	Rating Change Customary Limitation change Inge Ster Change Ster Change Ster of 05/01/1990	on
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent	Medic	aid Cost I	Reimbursement Plar	nning and Finance
Permanent FileFor information OnlyNo Change in Rate			L-RE	
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320				



Baldomero Lopez State Veterans' Nursing Home		Provider Number:	0 214914-00
6919 Parkway Blvd.		Date:	1/9/2014
Land O Lakes FL 34639		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 225.77	New Rate 226.16	Effective Date 1/1/2014
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 C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 05/07/1999	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	Č
Home Office: Florida Dept. of Veterans Aff Walter Gilchrist 11351 Ulmerton Road, Room Largo Fl 33778-1630			



Osprey Point Nursing Cente	r			Provider Number:	0 215597-00
1104 South Main Street				Date:	1/9/2014
Bushnell FL 33513				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				riddit Status.	
J I			Current	New	Effective
			Rate	Rate	Date
Nursing Home Sin	ngle Level		202.86	205.84	1/1/2014
Rate Type :					
Interim		X	Prospectiv		
Total I			<u>X</u>	Total Prospective	San Name Canta
	n Component nent based on costs			Prospective Adjusted to Total Prospective with	
	rovider Prospective data			Total Flospective with	i internii Component
		Changas	1		
Basis:		Changes:	_		
Budget			Licensur	e Rating Change	
X Unaudited costs			•	d Customary Limitatio	n
Field audited cos	ts			ate limitation change	
Field audit - inter	rim portion		FRVS C	hange	
Desk audited cost					
Desk audit - Inter Desk Audit - Pros		X		nester Change [2] as of 07/02/1999	
Distribution:	Provide Provide				
Contract Management	/ Fiscal Agent		1: :10	Thomas Parker	' 1p'
Permanent File	C	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
For information	Only			1000	>
No Change in R	ate		2	L-DE	
Home Office:	Health Care Managers, Inc				
Home Office:	Ivonne Burrell				
	2380 Sadler Road Suite 201				
	Fernandina Beach FL 32034				



Harbour's Edge		Provider Number:	0 216399-00
401 E. Linton Boulevard		Date:	1/9/2014
Delray Beach FL 33483		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 254.14	New Rate 254.81	Effective Date 1/1/2014
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	re Rating Change and Customary Limitation Rate limitation change Change mester Change 7 [2] as of 01/01/1999	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		IL DE	_
Home Office: LifeSpace Communities, Inc. 100 East Grand Ave. Des Moines IA 50309			



Crystal River Health & Rehabilitation Center 136 Northeast 12th Avenue Crystal River FL 34429 Provider Type:	Current Rate	Rate	0 217263-00 1/9/2014 6/30/2012 Unaudited [3] Effective Date
Nursing Home Single Level	212.59	215.29	1/1/2014
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	X Prospec X Changes:	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	Licen Usual Targe FRVS	sure Rating Change and Customary Limitation t Rate limitation change S Change Semester Change RV [2] as of 07/01/1999	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406		Thomas Parker Cost Reimbursement Plan	-



Ocala Health & Rehabilitation	on Center			Provider Number:	0 217395-00
1201 Southeast 24th Road				Date:	1/9/2014
Ocala FL 34471				Fiscal Year End:	6/30/2013
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sir	ngle Level	_ _	Current Rate	New Rate 199.15	Effective Date 1/1/2014
Rate Type : Interim Total I: Interim	nterim n Component	X	Prospectiv	ve Total Prospective Prospective Adjusted i	for New Costs
	nent based on costs rovider Prospective data	Changes	<u> </u>	Total Prospective with	n Interim Component
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 Limitatio ate limitation change hange nester Change [2] as of 07/01/1999	on
Distribution:				Thomas Parker	
Contract Management Permanent File For information No Change in R	Only	M		t Reimbursement Plan	-
Home Office:	NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406				



West Melbourne Health & Rehabilitation Center	Prov	vider Number:	0 217727-00
2125 West New Havene Avenue		Date:	1/9/2014
West Melbourne FL 32904	Fisc	cal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.04	New Rate	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	Prospe	Prospective ective Adjusted f 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	Licensure Ratin Usual and Cust Target Rate lim FRVS Change X Rate Semester On FRV [2] as	omary Limitatio itation change Change	n
Distribution:	The	omas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reim		ning and Finance
Permanent FileFor information OnlyNo Change in Rate	20	20	· —
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:	1/9/2014
St. Augustine FL 32086		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 221.95	New Rate 223.47	Effective Date 1/1/2014
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	Timerini 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 07/01/1999	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		L DC	-
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:	1/9/2014
Daytona Beach FL 32117		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 212.56	New Rate 216.10	Effective Date 1/1/2014
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 and Customary Limitation at limitation change whange thange mester Change [2] as of 01/01/1999	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	_
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	South Jennings Road Date:		1/9/2014
Port St Lucie FL 34952		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Onduction [3]
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	223.67	227.10	1/1/2014
Rate Type: Interim Total Interim	X Prospective X	ve 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 ar Target F FRVS C X Rate Ser	re Rating Change and Customary Limitation tate limitation change Change mester Change [2] as of 01/01/1999	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: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Lakeshore Villas Health Car	re Center			Provider Number:	0 218057-00
16002 Lakeshore Villas Driv	ve .			Date:	1/9/2014
Tampa FL 33613				Fiscal Year End:	1/31/2013
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	igle Level		Current Rate 201.16	New Rate 192.60	Effective Date 1/1/2014
Rate Type : Interim Total In	nterim	X	Prospectiv X	ve Total Prospective	
	Component			Prospective Adjusted	for New Costs
Settlem	ent based on costs			Total Prospective with	Interim Component
Prior Pr	rovider Prospective data				
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	n
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Med	licaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in Ra	· ·			L-DE	-
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619				



West Jacksonville Health and Rehabilitation Center		Provider Number:	0 218171-00
1650 Fouraker Road		Date:	1/9/2014
Jacksonville FL 32221		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 196.66	New Rate 200.17	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior 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 and Customary Limitation ate limitation change thange mester Change [2] as of 08/10/1990	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: Lyric Health Care Timothy J Trybus 7150 Columbia Gateway Driv Columbia MD 21046	ve Suite J		



Life Care Center of Winter Haven		Provider Number:	0 219380-00
1510 Cypress Gardens Boulevard	Cypress Gardens Boulevard		1/9/2014
Winter Haven FL 33884		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 210.46	New Rate	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospec	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 FRVS	sure Rating Change and Customary Limitation t Rate limitation change 5 Change Semester Change RV [2] as of 11/03/1999	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid (Cost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL DE	_
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Century Care Center.			Provider Number:	0 220604-00
6020 Industrial Blvd.			Date:	1/9/2014
Century FL 32535			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 229.85	New Rate 226.67	Effective Date 1/1/2014
Interest Settl	al Interim rim Component lement based on costs r Provider Prospective data	X Prospectiv	ve Total Prospective Prospective Adjusted to Total Prospective with	
Basis:		Changes:		
Budget X Unaudited cost Field audited c Field audit - in Desk audited c Desk Audit - In Desk Audit - P	costs aterim portion osts	Usual an Target R FRVS C X Rate Sen	re Rating Change ad Customary Limitation ate limitation change thange mester Change [2] as of 08/12/1994	n
Distribution:			Thomas Parker	
Contract Manageme Permanent File For information No Change in	on Only		st Reimbursement Plan	_



Santa Rosa Health & Rehabilitation Center		Provider Number:	0 220612-00
5386 Broad Steeet		Date:	1/9/2014
Milton FL 32570		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 213.27	New Rate 216.03	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim 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 ar Target R FRVS C X Rate Ser	re Rating Change and Customary Limitation that elimitation 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: Summit Care II, Inc Guy Farmer 2851 Remington Green Circle Tallahassee FL 32308	, Ste. D		



Sandy Ridge Care Center		Provider Number:	0 220621-00
5360 Glover Lane		Date:	1/9/2014
Milton FL 32570		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	
- J. P. C.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	222.79	226.38	1/1/2014
Rate Type :			
Interim	X Prospecti		
Total Interim	X	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:	Changes		
Dasis:	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 Desk Audit - Prospective portion		mester Change / [2] as of 02/29/2000	
Distribution:	OllTicv		
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Co	st Reimbursement Plan	ning and Finance
For information Only		11 00	2
No Change in Rate	2	L DE	
Home Office: Summit Care II, Inc			
Guy Farmer 2851 Remington Green Circle,	Ste. D		
Tallahassee FL 32308	-		



Clermont Health and Rehabilitation Center		Provider Number:	0 221465-00
151 East Minnehaha Avenue		Date:	1/9/2014
Clermont FL 34711		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		110010 500005.	0.0000000000000000000000000000000000000
	Current	New	Effective
Nuusing House Cinale Level	Rate	Rate	Date 1/1/2014
Nursing Home Single Level	198.01		1/1/2014
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:		
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	agter Change	
Desk Audit - Prospective portion		nester Change [2] as of 03/01/1987	
<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			



Delaney Park Health and Rehabilitation Center	Provider Number:	0 221589-00
215 Annie Street	Date:	1/9/2014
Orlando FL 32806	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 199.85 202.55	Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted Total Prospective with	for New Costs h 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 Limitati Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 03/30/1993	on
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Plan	
Home Office: 1 - No Home Office		



Regents Park at Aventura	Provider Number	: 0 223239-00
18905 NE 25th Avenue	Date: 1/9/2	
North Miami Beach FL 33180	Fiscal Year End:	8/31/2013
	Audit Status	: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 222.23 229.59	Effective Date 1/1/2014
D 4 T		
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 Adjuste Total Prospective w Changes: Licensure Rating Change Usual and Customary Limita Target Rate limitation chang FRVS Change X Rate Semester Change On FRV [2] as of 11/21/198	ntion
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Pl	anning and Finance
Permanent FileFor information OnlyNo Change in Rate	21-26	2_
Home Office: 1 - No Home Office		



Orlando Health and R	ehabilitation Center			Provider Number:	0 223654-00
830 29th Street		•		Date:	1/9/2014
Orlando FL 32805				Fiscal Year End:	6/30/2013
				Audit Status:	Unaudited [3]
Provider Type:					
0.2			Current	New	Effective
N		_	Rate	Rate	Date
Nursing Home	Single Level	_	172.59	<u> 181.74</u>	1/1/2014
	Level U: Fragile Under 21	_	447.12	459.64	1/1/2014
Rate Type :					
Interim		X	Prospectiv	/e	
	Γotal Interim		-	Total Prospective	
I	nterim Component	Prospective Adjusted for New Costs			
	Settlement based on costs	Total Prospective with Interim Component			
I	Prior Provider Prospective data				
Basis:		Changes:			
Budget			Licensur	e Rating Change	
X Unaudited	costs		•	d Customary Limitatio	n
Field audite				ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite			<u>-</u>		
	- Interim Portion - Prospective portion	X		nester Change [2] as of 10/01/1985	
Distribution:	1 1			Thomas Parker	
Contract Manage	ement / Fiscal Agent		diggid Cos	t Reimbursement Plan	ning and Finance
Permanent File		Me	uicaiu Cos	t Kennoursement Flam	ining and Finance
For inform	nation Only		-7	L-20	>
No Chang	ge in Rate		2		
Home Office:	1 - No Home Office				



Life Care Center of Sarasota		Provid	er Number:	0 223786-00
8104 North Tuttle Avenue	4 North Tuttle Avenue		Date:	1/9/2014
Sarasota Fl 34243		Fiscal	Year End:	1/31/2013
			udit Status:	Unaudited [3]
Provider Type:			dan Status.	[5]
	Curr		New	Effective
Nuncing Home Single Level	Ra		Rate	Date
Nursing Home Single Level	231	.04 2	25.81	1/1/2014
Rate Type : Interim Total Interim	X Pros	spective X Total Pro	_	
Interim Component			·	for New Costs
Settlement based on costs Prior Provider Prospective data	_	I otal Pro	spective 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	Us Ta	censure Rating that and Custom rget Rate limitary Change te Semester Change TRV [2] as of	nary Limitation tion change	on
<u>Distribution:</u>		Thom	as Parker	
Contract Management / Fiscal Agent	Medica	id Cost Reimbu	rsement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		20	RE	· —
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320				



Avante at Orlando		Provider Number:	0 223808-00
2000 North Semoran Boulevard		Date:	1/9/2014
Orlando FL 32807		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onduction [5]
- J. P	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	236.35	220.83	1/1/2014
Rate Type:	X Prospectiv	ve	
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	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 11/01/1990	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File			
For information Only	Z	L-DC	>
No Change in Rate			
Home Office: Avante Group, Inc.			
Janan Mitchell 4000 Hollywood Blvd, Suite 54	0. N		
Hollywood FL 33021-6744			
,			



Doctors Lake of Orange Park				Provider Number:	0 223883-00
833 Kingsley Avenue				Date:	1/9/2014
Orange Park FL 32073				Fiscal Year End:	9/30/2013
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Singl	e Level		Current Rate 193.86	New Rate 203.13	Effective Date 1/1/2014
		X		Total Prospective Prospective Adjusted to 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 an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 11/03/1987	n
Distribution:				Thomas Parker	
Contract Management / Fi	scal Agent	Med	licaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information On No Change in Rate	ly		2	120	<u>, </u>
41	V / Home Office, Inc. 78 Malbeth Ct Tinston-Salem NC 27104				



Pensacola Health Care Facility		Provider Number:	0 224243-00
1717 West Avery Street		Date:	1/9/2014
Pensacola FL 32501		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onadated [5]
-JPS	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	215.54	218.64	1/1/2014
Rate Type :			
Interim	X Prospectiv	vo.	
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 06/30/1987	
Distribution:		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			



MK of Haines City LLC		Provider Numb	per: 0 224341-00
409 10TH STREET		D	ate: 1/9/2014
Haines City FL 33844		Fiscal Year Er	nd: 11/30/2012
		Audit Stat	-
Provider Type: Nursing Home Single Level	Curr Ra 209	ent New te Rate	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Pros		e usted for New Costs e 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	Us Ta FF	censure Rating Change rual and Customary Lim rget Rate limitation cha RVS Change ate Semester Change of FRV [2] as of 12/01/19	inge
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Park	Planning and Finance
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:	1/9/2014
Tampa FL 33611		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:		Tadar Status.	0
V 1	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	205.26	209.50	1/1/2014
Rate Type :			
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			r
Basis:	Changes:		
Budget		e Rating Change	
XUnaudited costs Field audited costs		d Customary Limitatio ate limitation change	n
	FRVS C	=	
Field audit - interim portion Desk audited costs	TRV5 C.	nange	
Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion		[2] as of 12/01/1986	
Distribution:		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			



MK of North Port LLC		Provider Number:	0 225053-00
6940 Outreach Way		Date:	1/9/2014
North Port FL 34287		Fiscal Year End:	2/28/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 231.75	New Rate 232.23	Effective Date 1/1/2014
Rate Type: Interim	X Prospec	tive	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	Total Prospective Prospective Adjusted a 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 X Rate S	ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 11/01/1997	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200		Thomas Parker ost Reimbursement Plan	-



MK of Fernandina Beach LLC			Provider Number:	0 225274-00
1625 Lime St			Date:	1/9/2014
Fernandina Beach FL 32034			Fiscal Year End:	12/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	R	arrent Rate	New Rate 205.07	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u>X</u> Pr]	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	I	Usual and Farget Ra FRVS Ch Rate Sem	e Rating Change I Customary Limitation te limitation change nange ester Change [2] as of 08/01/2000	on
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent	Medic	caid Cost	Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate			120	_
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:	1/9/2014
Winter Garden FL 34787		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 230.77	New Rate 230.97	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospect X	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 09/01/1999	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	ost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		el De	_
Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633			



Springtree Rehab & Health Center, LLC		Provider Number:	0 225631-00
4251 Springtree Drive		Date:	1/9/2014
Sunrise FL 33351		Fiscal Year End:	8/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 218.81	New Rate 215.42	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior 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 ar Target R FRVS C X Rate Ser	re Rating Change and Customary Limitation tate limitation change Thange mester Change [2] as of 03/06/1990	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	_
Home Office: Millenium Health Systems Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309			



Pinecrest Convalescent Center		Provider Number:	0 225754-00
13650 NE Third Street		Date:	1/9/2014
North Miami FL 33161		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 246.94	New Rate 250.00	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	X Prospec X	tive _ 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 Target FRVS X Rate S	ure Rating Change and Customary Limitatio Rate limitation change Change emester Change V [2] as of 04/01/1996	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid C	ost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	- 4	21-20	> —
Home Office: Millenium Health Systems 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:	1/9/2014
Stuart FL 33494		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onduction [5]
-JPS	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	221.94	225.49	1/1/2014
Rate Type :			
Interim	X Prospectiv	e	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted t	
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 Desk Audit - Prospective portion		nester Change [2] as of 10/01/1985	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Madigaid Cos	t Reimbursement Plan	ning and Einanga
Permanent File	Wiedicald Cos	t Kennoursement i iam	ining and i mance
For information Only	-7	120	>
No Change in Rate	2		
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:	1/9/2014
Port St. Lucie FL 34952		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 225.23	New Rate 228.82	Effective Date 1/1/2014
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 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 10/01/1985	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	_
Home Office: Eden Park Management, Inc. Thomas R. Ellis 22 Holland Avenue Albany NY 12209			



Plantation Nursing & Rehab Center		Provider Number:	0 226017-00
4250 NW 5th Street		Date:	1/9/2014
Plantation FL 33317		Fiscal Year End:	8/31/2013
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	242.36	252.75	1/1/2014
Level U: Fragile Under 21	516.89	530.65	1/1/2014
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion	Changes: Licensur Usual an	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component
Desk audit - Interim Portion Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Sen	nester Change [2] as of 10/01/1985	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plan	
Home Office: Millenium Health Systems 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:	1/9/2014
Stuart FL 34997		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 230.30	New Rate 232.23	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior 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 amester Change V [2] as of 10/16/1997	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	est Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	el De	· —
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:	1/9/2014
Niceville FL 32578		Fiscal Year End:	8/31/2013
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.75	213.88	1/1/2014
Rate Type:	X Prospectiv	7.P	
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	nester Change	
Desk Audit - Prospective portion		[2] as of 02/02/1993	
Distribution:		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			



Cathedral Gerontology Cent	er			Provider Number:	0 226068-00
333 East Ashley Street				Date:	1/9/2014
Jacksonville FL 32202				Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	igle Level	_	Current Rate 227.77	New Rate 230.65	Effective Date 1/1/2014
Settlem	nterim Component nent based on costs rovider Prospective data	X	Prospectiv X	Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	To rider 110 Specific 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 09/01/1989	n
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in R.	•			L-DE	
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:	1/9/2014
Ft. Lauderdale FL 33316			Fiscal Year End:	8/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	_ _	Current Rate 224.87	New Rate 226.46	Effective Date 1/1/2014
Rate Type :				
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u>X</u>		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	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 / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Millenium Health Systems	Me		Thomas Parker t Reimbursement Plant	_
Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309				



Ocean View Nursing and Rehabilitation Center			Provider Number:	0 226351-00
2810 S. Atlantic Avenue			Date:	1/9/2014
New Smyrna Beach FL 32069			Fiscal Year End:	1/31/2013
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	<u>-</u>	Current Rate 202.44	New Rate 200.61	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	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	X	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 Permanent File For information Only No Change in Rate	Mo		t Reimbursement Plan	_
Home Office: Millenium Health Systems Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309				



South Heritage Health and Rehabiliation Center		Provider Number:	0 226360-00
718 22nd Avenue South		Date:	1/9/2014
St. Petersburg FL 33705		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 221.41	New Rate 233.03	Effective
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	1	e Fotal Prospective Prospective Adjusted to the prospective Adjusted to the 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 I Customary Limitation the limitation change hange ester Change [2] as of 01/01/2001	n
<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: 1 - No Home Office			



Treasure Isle Care Center		Provider Number:	0 226602-00
1735 North Treasure Drive		Date:	1/9/2014
North Bay Village FL 33141		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onadated [5]
- J P 33	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	202.77	208.03	1/1/2014
Rate Type :			
Interim	X Prospectiv	ZO.	
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	hange	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 01/01/1997	
Distribution:		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			



Fair Havens Center		Provider Number:	0 227226-00
201 Curtiss Parkway		Date:	1/9/2014
Miami Springs FL 33166		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tada Suudas.	
	Current	New	Effective
Nursing Home Single Level	Rate	Rate	Date 1/1/2014
Nursing Home Single Level	160.52	157.90	1/1/2014
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	Licensure	e Rating Change	
X Unaudited costs		d Customary Limitatio	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS Cl	nange	
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 Cost	t Reimbursement Plani	ning and Finance
Permanent File			
For information Only	Z	L-20	>
No Change in Rate			
Home Office: SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114			



Alpine Health and Rehabilitation Center		Provider Number:	0 227251-00
3456 21st Avenue South		Date:	1/9/2014
St. Petersburg FL 33711		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tadar Status.	
• •	Current	New	Effective
N ' H G' L L	Rate	Rate	Date
Nursing Home Single Level	225.01	229.15	1/1/2014
Rate Type :			
	V Dragon action	_	
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			
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	X Rate Sen	nester Change	
Desk Audit - Prospective portion		[2] as of 06/01/1989	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		. 19 24	
For information Only	2	L-DE	2
No Change in Rate			
Home Office: 1 - No Home Office			



Wilton Manors Health and Rehab		Provider Number:	0 227579-00
2675 North Andrews Ave		Date:	1/9/2014
Wilton Manors FL 33311		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 237.41	New Rate 233.21	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		re 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 and 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		L-DE	_
Home Office: Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite 30 Tampa FL 33610			



Rockledge Rehab and Nursing Cente	er		Provider Number:	0 227587-00
587 Barton Blvd.			Date:	1/9/2014
Rockledge FL 32955			Fiscal Year End:	12/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Le	vel	Current Rate 227.97	New Rate 225.58	Effective Date 1/1/2014
Rate Type : Interim Total Interim Compo Settlement base Prior Provider I		X	e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Chan	ges:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective	on X	Usual and Target R. FRVS C.	e Rating Change d Customary Limitatio ate limitation change hange nester Change	n
Distribution:			Thomas Parker	
Contract Management / Fiscal A	Agent	Medicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File For information Only No Change in Rate			L DE	
4042 P	one Healthcare Management, LL ark Oaks Blvd, Suite 300 FL 33610	С		



Greenbriar Rehab & Nursing Center		Provider Number:	0 227625-00
210 21st Avenue West		Date:	1/9/2014
Bradenton FL 34205		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 240.02	New Rate 236.07	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	1	e Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Usual and Target Ra FRVS Ch	e Rating Change d Customary Limitation ate limitation change nange nester Change	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plant	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	_
Home Office: Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite 3 Tampa FL 33610			



Apollo Health & Rehab Center		Provider Number:	0 227633-00
1000 24th Street North		Date:	1/9/2014
St. Petersburg FL 33713		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 221.72	New Rate 222.49	Effective Date 1/1/2014
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 X Rate Sen	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 09/01/1996	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	Č
Home Office: Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite 30 Tampa FL 33610			



North Rehabilitation Center		Provider Number:	0 227641-00
1301 16th Street North		Date:	1/9/2014
St. Petersburg FL 33705		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 225.65	New Rate 226.90	Effective Date 1/1/2014
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 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	LDE	» —
Home Office: Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite 30 Tampa FL 33610			



Park Meadows Health & Rehab Center		Provider Number:	0 227765-00
3250 SW 41st Place		Date:	1/9/2014
Gainesville FL 32608		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 229.48	New Rate 227.95	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		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 CI	nester Change	n
Distribution:			
Contract Management / Fiscal Agent	Madianid Con-	Thomas Parker	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		Reimbursement Plant	_
Home Office: Greystone Healthcare Manage 4042 Park Oaks Blvd, Suite 3 Tampa FL 33610			



New Horizon Health & Rehab Center		Provider Number:	0 227773-00
635 SE 17th Street		Date:	1/9/2014
Ocala FL 34471		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 241.31	New Rate 246.19	Effective Date 1/1/2014
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 C.	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	Z	Thomas Parker t Reimbursement Plant	Č
Home Office: Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite 30 Tampa FL 33610			



First Coast Health and Rehabilitation Center		Provider Number:	0 227838-00
7723 Jasper Avenue		Date:	1/9/2014
Jacksonville FL 32211		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 203.12	New Rate 210.07	Effective Date 1/1/2014
Rate Type : Interim Total Interim Interim Component	X Prospectiv	Total Prospective Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data Basis:	Changes:	Total Prospective with	Titteriiii Component
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 05/01/1989	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: 1 - No Home Office			



Ayers Health & Rehab Center			Provider Number:	0 227871-00
606 NE 7th Street			Date:	1/9/2014
Trenton FL 32693			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:			Tada Samus.	033300000000000000000000000000000000000
V I		urrent	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		85.85	<u> 188.10</u> _	1/1/2014
Rate Type : Interim	XP	rospectiv	re	
Total 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	X	Usual and Target R FRVS Cl Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/01/2000	n
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent	Medi	caid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate			L DE	-
Home Office: Health Services Mgt., Inc. Preston Sweeney 206 Fortress Blvd. Murfreesboro TN 37128				



North Beach Nursing & Rehabilitation Center		Provider Number:	0 228001-00
2201 N.E. 170th Street		Date:	1/9/2014
North Miami Beach FL 33160		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 257.11	New Rate 251.29	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component		e Total Prospective Prospective Adjusted 1	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 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		L DE	-
Home Office: Greystone Healthcare Manage 4042 Park Oaks Blvd, Suite 3 Tampa FL 33610			



The Gardens Court		Provider Number:	0 228320-00
3803 PGA Boulevard		Date:	1/9/2014
Palm Beach Gardens FL 33410		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	- Chadated [5]
-JP	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	238.02	240.45	1/1/2014
Rate Type :			
Interim	X Prospect		
Total Interim Interim Component	X	Total Prospective Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		_	r
Basis:	Changes:		
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	mester Change	
Desk Audit - Prospective portion		/ [2] as of 03/13/1997	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent File			
For information Only No Change in Rate	2	el De	
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Life Care Center of Melbourne		Provider Number:	0 228338-00
606 East Sheridan Street		Date:	1/9/2014
Melbourne FL 32901		Fiscal Year End:	2/28/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 206.75	New Rate 203.19	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior 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 02/01/1990	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker st Reimbursement Plans	-
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Park Ridge Nursing Center		Provider N	umber:	0 228401-00
730 College Street			Date:	1/9/2014
Jacksonville FL 32204		Fiscal Year	r End:	12/31/2012
			Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	R	rent New Rate 8.50 186.4		Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Pro	ospective X Total Prospective A Total Prospective A	djusted f	or 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	U T F X R	icensure Rating Charsual and Customary I arget Rate limitation RVS Change ate Semester Change I FRV [2] as of 10/0	Limitation change	n
Distribution:		Thomas P	arker	
Contract Management / Fiscal Agent	Medic	aid Cost Reimbursem		ning and Finance
Permanent FileFor information OnlyNo Change in Rate		212		_
Home Office: Health Care Managers, Inc Ivonne Burrell 2380 Sadler Road Suite 201 Fernandina Beach FL 32034				



Bear Creek Nursing Center		Provider Number:	0 228567-00
8041 State Road 52		Date:	1/9/2014
Hudson FL 34667		Fiscal Year End:	7/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		Tuait Status.	enautrea [e]
••	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	184.87	188.96	1/1/2014
Rate Type:Interim	X Prospectiv		
Total Interim Interim Component	<u>X</u>	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	e Rating Change	
X Unaudited costs	Usual ar	nd 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	mester Change	
Desk Audit - Prospective portion		[2] as of 01/01/2000	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File			_
For information Only	2	L-DC	>
No Change in Rate			
Home Office: Health Services Mgt., Inc. Preston Sweeney 206 Fortress Blvd. Murfreesboro TN 37128			



Royal Oak Nursing Center		Provider Number:	0 228575-00
37300 Royal Oak Lane		Date:	1/9/2014
Dade City FL 33525		Fiscal Year End:	7/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 192.48	New Rate	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospec	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 Targe FRVS X Rate S	sure Rating Change and Customary Limitation t Rate limitation change t Change Semester Change RV [2] as of 01/01/2000	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only		Cost Reimbursement Plan	_
No Change in Rate		LL DE	
Health Services Mgt., Inc. Preston Sweeney 206 Fortress Blvd. Murfreesboro TN 37128			



Heather Hill Nursing Hor	me			Provider Number:	0 228591-00
6630 Kentucky Avenue				Date:	1/9/2014
New Port Richey FL 346	53			Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	206.50	196.23	1/1/2014
Rate Type:					
Interim	11.4.	<u>X</u>	Prospectiv		
	al Interim rim Component		<u>X</u>	Total Prospective Prospective Adjusted	for New Costs
	lement based on costs			Total Prospective with	
	r Provider Prospective data			Total Prospective with	i internii Component
Basis:		Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited cost	ts	-		d Customary Limitatio	on
Field audited o	eosts			ate limitation change	
Field audit - in	nterim portion		FRVS C	hange	
Desk audited c			_		
Desk audit - In	terim Portion rospective portion	X		nester Change [2] as of 10/01/1985	
Distribution:	respective pertien		011111	Thomas Parker	
Contract Manageme	ent / Fiscal Agent		ledicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File		14.			5
For information	on Only		7	120	>
No Change in	n Rate		~_		
Home Office:	Health Services Mgt., Inc.				
Home office.	Preston Sweeney				
	206 Fortress Blvd.				
	Murfreesboro TN 37128				



Inn at Sarasota Bay Club		Provider Number:	0 228621-00
1303 N. Tamiami Trail		Date:	1/9/2014
Sarasota Fl 34236		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 269.94	New Rate 272.06	Effective Date 1/1/2014
Rate Type: Interim Total Interim	X Prospective	otal Prospective	
Interim Component		rospective Adjusted f	for New Costs
Settlement based on costs		otal Prospective with	
Prior Provider Prospective data			
Basis:	hanges:		
Budget X Unaudited costs	Usual and	Rating Change Customary Limitatio	n
Field audited costs Field audit - interim portion	FRVS Cha	te limitation change	
Desk audit - Interim Portion Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Seme	ester Change 2] as of 06/20/2001	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plani	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	-
Home Office: 1 - No Home Office			



Winter Haven Health and Rehab Center		Provider Number:	0 228702-00
202 Avenue O North East		Date:	1/9/2014
Winter Haven FL 33881		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:		Tauan Suuds.	
••	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	182.74	198.39	1/1/2014
Rate Type :			
Interim	X Prospectiv	ve	
Total Interim	·	Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary 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 01/01/2001	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	wicuicaiu C08	t Kennoursement i ian	ming and Finance
For information Only	7	L-20	>
No Change in Rate	2		
Home Office: 1 - No Home Office			



Woodland Terrace of Citrus County		Provider Number:	0 228711-00
124 W. Norvell Bryant Hwy		Date:	1/9/2014
Hernando FL 34442		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 171.07	New Rate 173.64	Effective Date 1/1/2014
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 ar Target F FRVS C X Rate Ser	re Rating Change and Customary Limitation Rate limitation change Change mester Change 7 [2] as of 07/12/2001	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		I DE	Č
Home Office: SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circl Daytona Beach FL 32114	e		



East Ridge Retirement Village, Inc.	Provider Number:	0 228788-00
19301 SW 87th Avenue	Date:	1/9/2014
Miami Fl 33157	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 235.44 234.10	Effective Date 1/1/2014
Rate Type:	V. Progranting	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted Total Prospective with	
Basis: C	hanges:	
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 07/12/2001	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: 1 - No Home Office		



Cypress Cove Care Center				Provider Number:	0 228940-00
700 SE 8th Avenue				Date:	1/9/2014
Crystal River FL 34429				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				rudit Status.	Ondation [5]
J F		C	urrent	New	Effective
	_		Rate	Rate	Date
Nursing Home Single Lev	vel	1	94.22	196.07	1/1/2014
Rate Type :					
Interim Total Interim		<u>X</u> I	Prospectiv X	Total Prospective	
Interim Compor	nent			Prospective Adjusted f	for New Costs
Settlement based			$\overline{}$	Total Prospective with	
Prior Provider P				1	1
Basis:		Changes:			
Budget			Licensur	e Rating Change	
X Unaudited costs				d Customary Limitatio	n
Field audited costs			Target R	ate limitation change	
Field audit - interim portion	on		FRVS C	hange	
Desk audited costs			D 4 C		
Desk audit - Interim Portio		X		nester Change [2] as of 01/01/2000	
Distribution:		L		Thomas Parker	
Contract Management / Fiscal A	Agent	Med	icaid Cos	t Reimbursement Plani	ning and Finance
Permanent File					_
For information Only			Z	120	>
No Change in Rate			53/16		
Tiome office.	Services Mgt., Inc.				
	Sweeney trace Dlvd				
	tress Blvd. esboro TN 37128				
THUI IT CO					



Brooksville Healthcare Center		Provider Number:	0 228958-00
1114 Chatman Boulevard		Date:	1/9/2014
Brooksville FL 34601		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 185.77	New Rate 185.76	Effective Date 1/1/2014
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	Usual an	Total Prospective Prospective Adjusted a Total Prospective with The Rating Change and Customary Limitation The Cartesian Change and Customary Limitation and Change	Interim Component
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		mester Change [2] as of 01/01/2000	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		120	
Home Office: Health Services Mgt., Inc. Preston Sweeney 206 Fortress Blvd. Murfreesboro TN 37128			



Lake Harris Health Center		Provider Number:	0 228966-00
701 Lake Port Boulevard		Date:	1/9/2014
Leesburg FL 34748		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tauti Suusi	
• •	Curre		Effective
N ' H C' L L	Rate		Date
Nursing Home Single Level	206.	<u> 202.61</u>	1/1/2014
Rate Type:		··	
Interim Total Interim		pective X Total Prospective	
Interim Component		Prospective Adjusted	l for New Costs
Settlement based on costs			th Interim Component
Prior Provider Prospective data			•
Basis:	Changes:		
Budget	Lic	ensure Rating Change	
X Unaudited costs		ial and Customary Limitati	ion
Field audited costs		get Rate limitation change	
Field audit - interim portion	FR'	VS Change	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		e Semester Change FRV [2] as of 08/17/1990	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaio	d Cost Reimbursement Pla	nning and Finance
Permanent File			
For information Only		21-26	7
No Change in Rate			
Home Office: Brookdale Senior Living, Inc.			
Russ Bellora			
111 Westwood Place, Ste. 400 Brentwood TN 37027			
Diciliwood 11v 3/02/			



Sylvan Health Center		Provider Number:	0 229164-00
2770 Regency Oaks Blvd.		Date:	1/9/2014
Clearwater FL 33759		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 215.73	New Rate 214.45	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospecti	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 / [2] as of 10/07/1991	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker est Reimbursement Plans	
Home Office: Brookdale Senior Living, Inc. Russ Bellora 111 Westwood Place, Ste. 400 Brentwood TN 37027			



Shell Point Pavilion		Provider Number:	0 229202-00
15000 Shell Point Boulevard		Date:	1/9/2014
Ft. Myers Fl 33908		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	enautrea [5]
Trontage Types	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	213.19	212.58	1/1/2014
Rate Type:			
Interim	X Prospectiv		
Total Interim Interim Component		Total Prospective Prospective Adjusted 1	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		a.	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 03/28/2001	
<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	530		
Home Office: 1 - No Home Office			



Gainesville Health Care Center		Provider Number:	0 229288-00
1311 SW 16th Street		Date:	1/9/2014
Gainesville FL 32608		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 216.20	New Rate 219.19	Effective Date 1/1/2014
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 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	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	
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:	1/9/2014
DelRay Beach FL 33484		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tadat Status.	
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	222.73	226.56	1/1/2014
Rate Type :			
Interim	X Prospectiv	7P	
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:		
D. L. (Licensur	e Rating Change	
Budget X Unaudited costs		d Customary Limitatio	nn
Field audited costs		ate limitation change	, i
Field audit - interim portion	FRVS C	hange	
Desk audited costs			
Desk audit - Interim Portion		nester Change [2] as of 09/01/2000	
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	energy.	11-00	2
No Change in Rate	2	LDE	
Home Office: 1 - No Home Office			



Menorah House	Provider Number:	0 229628-00
9945 Central Park Blvd	Date:	1/9/2014
Boca Raton FL 33428	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 224.50 227.83	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective Total Prospective Prospective Adjusted X 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 10/01/1990	on
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Plan	
Home Office: 1 - No Home Office		



Alexander Nininger State Veterans' Nursing Home		Provider Number:	0 229849-00
8401 West Cypress Drive		Date:	1/9/2014
Pembroke Pines Fl 33025		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 232.68	New Rate 233.00	Effective Date 1/1/2014
Rate Type:	X Prospective		
Total Interim		otal Prospective	
Interim Component	Pr	rospective Adjusted f	For New Costs
Settlement based on costs	To	otal Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensure 1	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		ster Change	
Desk Audit - Prospective portion	On FRV [2	2] as of 09/06/2001	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost I	Reimbursement Plani	ning and Finance
Permanent File			_
For information Only	7	L-20	>
No Change in Rate		- ELE	
Home Office: Florida Dept. of Veterans Aft	airs		
Walter Gilchrist			
11351 Ulmerton Road, Room	332-I		
Largo Fl 33778-1630			



HIALEAH SHORES NURSING AND REHAB CENTE		Provider Number:	0 250988-00
8785 NW 32 AVE		Date:	1/9/2014
Miami FL 33147		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 241.93	New Rate 244.17	Effective Date 1/1/2014
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	nre Rating Change and Customary Limitatio Rate limitation change Change amester Change V [2] as of 02/01/1993	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	est Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	_
Home Office: DOS Health Care, Inc Jorge Hernando 300 71st Street, Suite 400 Miami FL 33141			



Brandywyne Health Care Center		Provider Number:	0 251399-00
1801 North Lake Mariam Drive		Date:	1/9/2014
Winter Haven FL 33884		Fiscal Year End:	7/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onadated [5]
-JP	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	191.54	199.08	1/1/2014
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:		
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 [2] as of 11/01/1999	
Desk Audit - Prospective portion Distribution:	OnTRV		
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only		10-00	2
No Change in Rate	2	L-DC	
Home Office: 1 - No Home Office			



Concordia Manor		Provider Number:	0 251666-00
321 13th Avenue North		Date:	1/9/2014
St. Petersburg FL 33701		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:		Tadar Status.	0
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	195.88	210.66	1/1/2014
Data Tuna			
Rate Type:			
Interim	X Prospectiv		
Total Interim	X	Total Prospective Prospective Adjusted	for Nov. Coata
Interim Component Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		Total Prospective with	i interim Component
Basis:	Changes:		
Dasis.	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 G	. Cl	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 01/01/2001	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	Modicald Cos	t reamoursement i idii	and I manee
For information Only	7	120	>
No Change in Rate	2		
Home Office: 1 - No Home Office			
Tiome Office.			



Oakhurst Care & Rehabilitation Center		Provider Number:	0 251721-00
1501 SE 24th Road		Date:	1/9/2014
Ocala FL 34471		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 201.01	New Rate 202.68	Effective Date 1/1/2014
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	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: Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109		Thomas Parker t Reimbursement Plant	



Bradford Terrace, LLC		Provider Number:	0 251739-00
808 S. Colley Road		Date:	1/9/2014
Starke FL 32091		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		ruan Status.	- Chadated [5]
1, por	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	167.73	170.15	1/1/2014
Rate Type:	X Prospecti	v.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	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		[2] as of 06/30/1992	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent File		-7	
For information Only	2	120	?
No Change in Rate			
Home Office: SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114)		



Avante at Melbourne		Provider Number:	0 252018-00
1420 South Oak Street		Date:	1/9/2014
Melbourne FL 32901		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	Ondation [5]
	Current	New	Effective
N ' H C' I I I	Rate	Rate	Date
Nursing Home Single Level	240.16	235.94	1/1/2014
Rate Type : Interim Total Interim Interim Component		re Total Prospective Prospective Adjusted 1	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 C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 04/01/1992	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	L-DE	· —
Home Office: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 5- Hollywood FL 33021-6744	40-N		



Avante at Ormond Beach		Provider Number:	0 252034-00
170 North Kings Road		Date:	1/9/2014
Ormond Beach FL 32807		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 227.00	New Rate 226.21	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component		e Total Prospective Prospective Adjusted	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 C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 04/01/1992	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: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 54 Hollywood FL 33021-6744	40-N		



Avante at Mt. Dora		Provider Number:	0 252042-00
3050 Brown Avenue		Date:	1/9/2014
Mount Dora FL 32757		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 219.51	New Rate 218.10	Effective Date 1/1/2014
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 and Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 04/01/1992	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: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 5 Hollywood FL 33021-6744	40-N		



Pinebrook Care & Rehabilitation	Center			Provider Number:	0 252662-00
1240 Pinebrook Road				Date:	1/9/2014
Venice FL 34292				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single	Level		Current Rate 214.59	New Rate 217.08	Effective Date 1/1/2014
Rate Type:		X]	Prospectiv	re	
Total Interin				Total Prospective	
Interim Con	•			Prospective Adjusted	
	ased on costs			Total Prospective with	Interim Component
Prior Provid	er Prospective data				
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 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 / Fisc	al Agent	Med	licaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information Only No Change in Rate				L-DE	
Rein 101	Healthcare Group, Inc. nbursement Department Sun Avenue NE uquerque NM 87109				



Palms of Sebring		Provider Number:	0 252671-00
725 South Pine Street		Date:	1/9/2014
Sebring FL 33870		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 196.69	New Rate 196.25	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:		Total Prospective Prospective Adjusted a 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 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: 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:	1/9/2014
New Port Richey FL 34653		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 214.71	New Rate 214.75	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement 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 (re Rating Change and Customary Limitatio Rate limitation change Change mester Change	on
<u>Distribution:</u>		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: Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109			



Springwood Care & Rehabil	itation Center			Provider Number:	0 253014-00
4602 Northgate Court				Date:	1/9/2014
Sarasota FL 34234				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sir	ngle Level		Current Rate 200.92	New Rate 203.78	Effective Date 1/1/2014
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	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 01/01/2005	n
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Med	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in R	•			L-DE	
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



Southern Oaks Health Care		Provider Number:	0 253146-00
3855 Old Canoe Creek Road		Date:	1/9/2014
St. Cloud FL 34769		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Onduction [5]
-JP:	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	186.65	189.57	1/1/2014
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	hange	
Desk audited costs Desk audit - Interim Portion	X Rate Sem	nester Change	
Desk Audit - Prospective portion	A Rate Sell	lester Change	
<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	530		
Home Office: 1 - No Home Office			



The Palms At Park Place		Provider Number:	0 253421-00
221 Park Place Blvd.		Date:	1/9/2014
Kissimmee FL 34741		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Onadarrea [5]
V F	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	195.94	199.78	1/1/2014
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			
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 01/13/1994	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	Wiedleuid Cos	i itomiouisement i idii	and I munec
For information Only	7	L-20	>
No Change in Rate	~		
Home Office: 1 - No Home Office			



Sunset Point Care & Rehabi	litation Center			Provider Number:	0 253430-00
1980 Sunset Point Road				Date:	1/9/2014
Clearwater FL 33765				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sir	igle Level		Current Rate 192.59	New Rate 193.75	Effective Date 1/1/2014
Settlem	nterim 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	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	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in R	•			L-DE	
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



Palm Harbor FI. 34684	Bay Tree Care & Rehabilita	tion Center			Provider Number:	0 253448-00
Provider Type: Nursing Home Single Level Sin		North			Date:	1/9/2014
Rate Type: Current Rate Rate Date	Palm Harbor FL 34684				Fiscal Year End:	7/31/2012
Rate Type: Current Rate Rate Date						Unaudited [3]
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	••	ngle Level	_	Rate	New Rate	Effective Date
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Data Tyrna					
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Kate Type:					
Interim Component Settlement based on costs Prior Provider Prospective data Basis:		in A cuitor	X	•		
Settlement based on costs Prior Provider Prospective data Basis:				<u> </u>	_	for New Costs
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 01/01/2007 Medicaid Cost Reimbursement Planning and Finance		•				
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 01/01/2007 Medicaid Cost Reimbursement Planning and Finance					Total Troop court with	component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 01/01/2007 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		1	Changes	1		
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Usual and Customary Limitation Target Rate limitation change TRVS Change On FRV [2] as of 01/01/2007 Medicaid Cost Reimbursement Planning and Finance	Dasis.		Changes.	_		
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Usual and Customary Limitation Target Rate limitation change TRVS Change On FRV [2] as of 01/01/2007 Medicaid Cost Reimbursement Planning and Finance	Rudget			Licensur	e Rating Change	
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Target Rate limitation change FRVS Change On FRV [2] as of 01/01/2007 Medicaid Cost Reimbursement Planning and Finance				-		ın
Desk audit - Interim Portion Desk Audit - Prospective portion 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 Rate Semester Change On FRV [2] as of 01/01/2007 Medicaid Cost Reimbursement Planning and Finance		ts	-			
Desk audit - Interim Portion Desk Audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE	Field audit - inter	rim portion	-	FRVS C	hange	
Desk Audit - Prospective portion 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 On FRV [2] as of 01/01/2007 Medicaid Cost Reimbursement Planning and Finance		•		-		
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			X			
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE		spective portion		On FRV	[2] as of 01/01/2007	
Permanent File For information OnlyNo Change in Rate Home Office: Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE	Distribution:				Thomas Parker	
Permanent File For information OnlyNo Change in Rate Home Office: Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE	Contract Management	/ Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
No Change in Rate Home Office: Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE						
Home Office: Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE	For information	Only		7	000	>
Reimbursement Department 101 Sun Avenue NE	No Change in R	ate				
Reimbursement Department 101 Sun Avenue NE	Home Office:	Sun Healthcare Group, Inc.				
101 Sun Avenue NE	Home Office.	_				
Albuquerque NM 87109		101 Sun Avenue NE				
Thought Turi 0, 105		Albuquerque NM 87109				



Hawthorne Health & Rehab of Ocala		Provider Number:	0 253456-00
4100 S.W. 33rd Avenue		Date:	1/9/2014
Ocala FL 32674		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:	Current	New	Effective
Nursing Home Single Level	198.77	Rate	Date 1/1/2014
	170.77		1/1/2014
Rate Type:	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:		
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 03/04/1988	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		-7	
For information Only	Z	L-20	>
No Change in Rate			
Home Office: 1 - No Home Office			



West Bay Care & Rehabilitation (Center			Provider Number:	0 253464-00
3865 Tampa Road				Date:	1/9/2014
Oldsmar FL 34677				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single 1	Level		Eurrent Rate 200.92	New Rate 202.43	Effective Date 1/1/2014
		XF		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 - Prospectiv	rtion		Usual and Target Ra FRVS Cl	e Rating Change d Customary Limitatio ate limitation change nange nester Change [2] as of 10/01/1998	n
Distribution:				Thomas Parker	
Contract Management / Fisc Permanent File For information Only	al Agent	Med		t Reimbursement Plans	
Rein 101	Healthcare Group, Inc. nbursement Department Sun Avenue NE nquerque NM 87109		53225		



Forum at Deer Creek				Provider Number:	0 253481-00
3001 Deer Creek Blvd				Date:	1/9/2014
Deerfield Beach FL 33442				Fiscal Year End:	6/30/2013
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sing	le Level	<u>-</u>	Current Rate 249.81	New Rate 259.08	Effective Date 1/1/2014
Rate Type :					
Settlemen	erim Component It based on costs Vider Prospective data	X		Total Prospective Prospective Adjusted total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim Desk audited costs Desk Audit - Prospe	Portion	Changes: X	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 06/04/1990	n
<u>Distribution:</u> Contract Management / F	Signal Agant			Thomas Parker	
Permanent File	iscai Agoiit	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
For information Or No Change in Rate	· •		2	L-RE	>
4	FiveStar Quality Care Inc 00 Centre Street Newton MA 02458				



EDEN SPRINGS NURSING & REHABILITATION C		Provider Number:	0 253707-00
4679 Crawfordville Highway		Date:	1/9/2014
Crawfordville FL 32326		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 227.93	New Rate 227.18	Effective Date 1/1/2014
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 Limitatio ate limitation change hange nester Change [2] as of 10/01/1985	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information Only No Change in Rate		t Reimbursement Plan	
Home Office: DOS Health Care 300 71 Street Miami Beach Fl 33141			



Jackson Plaza Nursing & Rehabilitation Center		Provider Number:	0 253723-00
1861 NW 8th Ave.		Date:	1/9/2014
Miami FL 33136		Fiscal Year End:	2/28/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 248.97	New Rate 249.79	Effective Date 1/1/2014
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	Usual ar Target R FRVS C X Rate Ser	nester Change	n
Desk Audit - Prospective portion	On FRV	[2] as of 07/26/2002	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker st Reimbursement Plant	
Home Office: Hebrew Home Management Steve Beaujon 1800 NE 168th Street, Suite 2 Miami Beach FL 33162			



Manor Pines Convalescent	t Center, LLC			Provider Number:	0 254177-00
1701 N.E. 26th Street				Date:	1/9/2014
Ft. Lauderdale FL 33305				Fiscal Year End:	6/30/2013
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level	<u>-</u>	Current Rate	New Rate 213.34	Effective Date 1/1/2014
Rate Type:		X	Prospectiv		
Interi Settle	Interim Im Component Ement based on costs Provider Prospective data			Total Prospective Prospective Adjusted total Prospective with	
Basis: Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Into Desk Audit - Pro	erim portion	Changes	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 03/06/2002	n
Distribution: Contract Managemer Permanent File For information No Change in Home Office:	n Only Rate 1601 Management, LLC. Sally Bolen	M		Thomas Parker t Reimbursement Plant	
	1701 N.E. 26th Street Wilton Manors FL 33305				



Arch Plaza Nursing & Rehabilitation Center		Provider Number:	0 254291-00
12505 NE 16th Avenue		Date:	1/9/2014
North Miami FL 33161		Fiscal Year End:	7/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 250.13	New Rate 258.46	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior 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 and Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 05/01/1996	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: Hebrew Home Management S Steve Beaujon 1800 NE 168th Street, Suite 20 Miami Beach FL 33162			



Wrights Healthcare & Rehabilitation Center	Provider Number: 0 254762-00
11300 110th Ave. North	Date: 1/9/2014
Seminole FL 33778	Fiscal Year End: 12/31/2012
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current New Effective Rate Rate Date 216.11 207.96 1/1/2014
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
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	Medicaid Cost Reimbursement Planning and Finance
Permanent FileFor information OnlyNo Change in Rate	26-20
Home Office: KR Management 3500 Oak Manor Lane Largo FL 33774	



EdgeWood Nursing Center		Provider Number:	0 254878-00
1771 Edgewood Avenue West		Date:	1/9/2014
Jacksonville FL 32208		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 202.49	New Rate 197.73	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior 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 Il Customary Limitation the limitation change hange lester Change [2] as of 06/01/1993	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: 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:	1/9/2014
Gainesville Fl 32607		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 167.33	New Rate 169.76	Effective Date 1/1/2014
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 Limitation Rate limitation change Change mester Change 7 [2] as of 06/27/2002	on
<u>Distribution:</u>		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 Circl Daytona Beach FL 32114	e		



Diamond Ridge Health & Rehabilitation Center		Provider Number:	0 256269-00
2730 W. Marc Knighton Court		Date:	1/9/2014
Lecanto FL 34461		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 217.53	New Rate 220.32	Effective Date 1/1/2014
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 06/23/1989	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: 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:	1/9/2014
Bradenton FL 34209		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 247.19	New Rate 249.10	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior 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	re Rating Change and Customary Limitation Rate limitation change Change mester Change 7 [2] as of 02/08/1989	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		IL DE	_
Home Office: Summit Care II, Inc Guy Farmer 2851 Remington Green Circle Tallahassee FL 32308	e, Ste. D		



Lakeside Nursing & Rehabilitation Center		Provider Number:	0 256757-00
11411 Armsdale Road		Date:	1/9/2014
Jacksonville FL 32218		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curro Rat 203 .	ent New e Rate	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		pective X Total Prospective Prospective Adjusted Total Prospective wi	d for New Costs th 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	Usi Tai FR X Rai	tensure Rating Change and Customary Limitat aget Rate limitation change VS Change te Semester Change FRV [2] as of 01/21/1998	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicai	d Cost Reimbursement Pla	unning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL DE	_
Home Office: Health Care Managers, Inc Ivonne Burrell 2380 Sadler Road Suite 201 Fernandina Beach FL 32034			



Lakeside Pavillion Care & R	Rehabilitation Center			Provider Number:	0 256846-00
2900 Twelfth Street				Date:	1/9/2014
Naples FL 33940				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 201.72	New Rate 204.37	Effective Date 1/1/2014
Settlem	nterim Component nent based on costs rovider Prospective data	X	Prospectiv X	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 - Interior	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 01/01/2005	n
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Me	dicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File For information No Change in Ra	•		Z	LDE	· —
Home Office:	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:	1/9/2014
Ft. Lauderdale FL 33308		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 217.15	New Rate 218.99	Effective Date 1/1/2014
Rate Type : Interim	X Prospectiv		
Total Interim	<u>X</u>	Total Prospective	
Interim Component Settlement based on costs		Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data		Total Flospective 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	Usual an Target R FRVS C X Rate Ser	re Rating Change and Customary Limitation ate limitation change thange mester Change [2] as of 12/01/2002	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	_
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:	1/9/2014
Port St. Lucie FL 34952		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onduction [5]
- J. P	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	194.59	196.84	1/1/2014
Rate Type : Interim 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 and Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 02/25/1988	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: Cypress Administrative Service Eric Martin 4 West Red Oak Lane, Suite 20 White Plains NY 10604			



PG of West Palm Beach		Provider Number:	0 257257-00
300 EXECUTIVE CENTER DRIVE		Date:	1/9/2014
West Palm Beach FL 33401		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 191.08	New Rate 192.03	Effective Date 1/1/2014
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	Changes: Licensure Usual and	Total Prospective Prospective Adjusted a Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Sen	nester Change [2] as of 04/20/1988	
<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: Cypress Administrative Service Eric Martin 4 West Red Oak Lane, Suite 20 White Plains NY 10604			



PG of Gainesville		Provider Number:	0 257265-00
227SW 62nd Boulevard		Date:	1/9/2014
Gainesville FL 32607		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 186.18	New Rate 188.39	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim Component Settlement based on costsPrior Provider Presentative data	1	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 Ch	e Rating Change I Customary Limitation ate limitation change nange sester Change [2] as of 08/01/1999	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 Jacksonville		Provider Number:	0 257273-00
5275 Spring Park Road		Date:	1/9/2014
Jacksonville FL 32216		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onduction [5]
- J P V	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	194.54	197.27	1/1/2014
Rate Type: Interim 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 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 Limitatio ate limitation change nange nester Change [2] as of 03/14/1990	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	2	120	<u>, </u>
Home Office: Cypress Administrative Service Eric Martin 4 West Red Oak Lane, Suite 20 White Plains NY 10604			



PG of Ocala		Provider Number:	0 257290-00
2700 SW 34th Street		Date:	1/9/2014
Ocala FL 34474		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 193.41	New Rate 196.03	Effective Date 1/1/2014
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 C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 08/01/1999	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only		t Reimbursement Plan	Č
No Change in Rate	2	L-DC	
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:	1/9/2014
Orlando FL 32825		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		1 I I I I I I I I I I I I I I I I I I I	933300000000000000000000000000000000000
V-1	Current	New	Effective
N ' H C' I I I	Rate	Rate	Date
Nursing Home Single Level	198.49	200.96	1/1/2014
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	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 09/21/1987	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	t Reimbursement Plan	ning and Finance
Permanent File	Wicalcala Cos	t Kennoursement i tan	ining and I mance
For information Only	7	L-20	>
No Change in Rate	_		
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:	1/9/2014
Vero Beach FL 32960		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 186.41	New Rate 189.07	Effective Date 1/1/2014
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 Ra FRVS Cl	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 11/25/1987	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plans	_
Home Office: Cypress Administrative Service Eric Martin 4 West Red Oak Lane, Suite 201 White Plains NY 10604			



PG of Winter Haven		Provider Number:	0 257320-00
1120 Cypress Garden Boulevard		Date:	1/9/2014
Winter Haven FL 33884		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onduction [5]
- J P	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	185.58	186.73	1/1/2014
Rate Type: Interim Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data		Total Prospective with	Interim Component
	CI		
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 07/09/1987	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	Z	L DE	· —
Home Office: Cypress Administrative Servic Eric Martin 4 West Red Oak Lane, Suite 20 White Plains NY 10604			



Citrus Health and Rehabilitation Center		Provider Number:	0 257419-00
701 Medical Court East		Date:	1/9/2014
Inverness FL 34452		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 223.95	New Rate 230.40	Effective Date 1/1/2014
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 07/29/1994	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: Provident Resources Group, I 5565 Bankers Ave. Baton Rouge LA 70808	nc.		



PG of Clearwater		Provider Number:	0 257460-00
3480 McMullen Booth Road		Date:	1/9/2014
Clearwater FL 33761		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curr <u>Rat</u> 199	te Rate	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Pros	X Total Prospective Prospective Adjusted Total Prospective wit	I for New Costs th Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Us Ta FR X Ra	censure Rating Change rual and Customary Limitati rget Rate limitation change RVS Change tte Semester Change of FRV [2] as of 09/18/1987	ion
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medica	Thomas Parker id Cost Reimbursement Plan	50000
Home Office: Cypress Administrative Service Eric Martin 4 West Red Oak Lane, Suite 20 White Plains NY 10604			



PG of Largo		Provider Number:	0 257478-00
10500 Starkey Road		Date:	1/9/2014
Largo FL 33777		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 201.14	New Rate 203.22	Effective Date 1/1/2014
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 Limitatio ate limitation change hange nester Change [2] as of 07/31/1987	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plant	ning and Finance
Permanent FileFor information OnlyNo 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 North Miami		Provider Number:	0 257494-00
21251 East Dixie Highway		Date:	1/9/2014
Aventura FL 33180		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 209.32	New Rate 212.16	Effective Date 1/1/2014
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 shange nester Change [2] as of 07/13/1988	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: Cypress Administrative Service Eric Martin 4 West Red Oak Lane, Suite 20 White Plains NY 10604			



PG of Pinellas		Provider Number:	0 257508-00
200 16th Avenue SE		Date:	1/9/2014
Largo FL 33771		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 201.31	New Rate 203.40	Effective Date 1/1/2014
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 Cl	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 06/25/1991	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plant	ning and Finance
Permanent FileFor information OnlyNo 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 Sun City		Provider Number:	0 257516-00
3850 Upper Creek Drive		Date:	1/9/2014
Sun City Center FL 33573		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 204.41	New Rate 205.65	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component		Total Prospective Prospective Adjusted	
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 C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 06/01/1991	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: Cypress Administrative Service Eric Martin 4 West Red Oak Lane, Suite 20 White Plains NY 10604			



PG of Tampa		Provider Number:	0 257524-00
3612 138th Avenue		Date:	1/9/2014
Tampa FL 33613		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tiddit Status.	onavarrea [5]
v 1	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	203.96	205.92	1/1/2014
Rate Type :			
Interim	X Prospective	<u>.</u>	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted to	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis: Ch	anges:		
Budget	Licensure	Rating Change	
X Unaudited costs		Customary Limitatio	on
Field audited costs		te limitation change	
Field audit - interim portion	FRVS Ch	ange	
Desk audited costs			
Desk audit - Interim Portion Desk Audit - Prospective portion		ester Change 2] as of 07/01/1990	
Distribution:	Ontro	-	
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cost	Reimbursement Plan	ning and Finance
For information Only		1-00	>
No Change in Rate	2.	l-De	
	С		
Home Office: Cypress Administrative Services, LL Eric Martin			
4 West Red Oak Lane, Suite 201			
White Plains NY 10604			



Oak Manor Healthcare and	Rehabilitation Center			Provider Number:	0 258342-00
3500 Oak Manor Lane				Date:	1/9/2014
Largo FL 33774				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ingle Level	- -	Current Rate 204.54	New Rate 196.24	Effective Date 1/1/2014
Interi	Interim m Component ment based on costs Provider Prospective data	X	Prospectiv	re Total Prospective Prospective Adjusted Total Prospective with	
Basis:	Trovider Prospective data	Changes	:		
Budget X Unaudited costs Field audited co Field audit - inte Desk audited co Desk audit - Inte Desk Audit - Pro	erim 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 08/08/1990	on
Distribution:				Thomas Parker	
Contract Managemen	nt / Fiscal Agent	M	ledicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in	•			L DE	-
Home Office:	KR Management				
	3500 Oak Manor Lane Largo FL 33774				



Indigo Manor				Provider Number:	0 258750-00
595 Williamson Blvd				Date:	1/9/2014
Daytona Beach FL 32114				Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:				radit Status.	- Chadated [5]
J F			Current	New	Effective
			Rate	Rate	Date
Nursing Home Si	ngle Level		225.96	227.57	1/1/2014
Rate Type :		X	Prospectiv	re.	
	nterim		•	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:		Changes:			
Budget			Licensur	e Rating Change	
X Unaudited costs		-		d Customary Limitatio	n
Field audited cos	ts		_	ate limitation change	
Field audit - inte	_		FRVS C	hange	
Desk audited cos		V	Data Can	on the Change	
Desk audit - Inter Desk Audit - Pro		X		nester Change [2] as of 01/01/2001	
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File				5 90024 0 0 15 0.000	900
For information	-		Z	L-20	>
No Change in R	Late		100		
Home Office:	Fairfax Senior Living				
	Robert Hostler 10387 Main Street, Suite 200 Fairfax VA 22030				



Haven of Our Lady of Peace		Provider Number:	0 258831-00
1900 Summit Boulevard		Date:	1/9/2014
Pensacola Fl 32503		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 219.18	New Rate 219.75	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospecti	ve Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:	n. Patina Chana	
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 11/08/2001	n
Distribution:	Oll TRV		
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker st Reimbursement Plan	_
Home Office: Sacred Heart Hospital Mike Myers 5151 North 9th Avenue Pensacola FL 32513-2700			



Life Care Center of Inverrary		Provider Number:	0 259080-00
4251 Rock Island Road		Date:	1/9/2014
Lauderhill FL 33319		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 226.06	New Rate	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospe	ctive Total Prospective Prospective Adjusted to the comparison of the compari	
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	sure Rating Change and Customary Limitation t Rate limitation change S Change Semester Change RV [2] as of 01/30/2003	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid (Cost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL DE	_
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Lakeview Terrace Skilled Nursing Facility		Provider Number:	0 259225-00
110 Lodge Terrace Drive		Date:	1/9/2014
Altoona FL 32702		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 217.66	New Rate 218.27	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component		e Total Prospective Prospective Adjusted :	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 Ra FRVS CI	e Rating Change d Customary Limitation the limitation change hange hester Change [2] as of 05/28/1987	n
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			



UniHealth Post-Acute Care- Santa Rosa		Provider Number:	0 259331-00
5530 Northrop Road		Date:	1/9/2014
Milton FL 32570		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Onadarea [5]
Trontage Types	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	191.53	194.07	1/1/2014
Rate Type :			
Interim	Y 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		
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 02/13/2003	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	tulitulu Cob		
For information Only	7	120	>
No Change in Rate	2_		
Home Office: 1 - No Home Office			
Home Office.			



Life Care Center of New Port Richey		Provider Number:	0 259357-00
7400 Trouble Creek Road		Date:	1/9/2014
New Port Richey FL 34653		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 209.16	New Rate 212.00	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospectiv	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 Limitatio ate limitation change hange nester Change [2] as of 02/11/2003	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: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



The Nursing Center at University Village		Provider Number:	0 259462-00
12250 North 22nd Street		Date:	1/9/2014
Tampa FL 33612		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 218.41	New Rate 220.53	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior 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 11/09/1989	n
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: 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:	1/9/2014
Lantana FL 33462		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Onduction [5]
-101,2001 -1,por	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	253.17	250.69	1/1/2014
Rate Type :			
	W D		
Interim Total Interim	Y 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		re Rating Change	
X Unaudited costs		d Customary Limitatio	on
Field audited costs	FRVS C	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 07/01/1995	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File			
For information Only	7	L-DC	>
No Change in Rate	-		
Home Office: 1 - No Home Office			



Avante at St. Cloud		Provider Number:	0 259870-00
1301 Kansas Avanue		Date:	1/9/2014
St. Cloud FL 34769		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	ondation [5]
	Current	New	Effective
Nursing Home Single Level	Rate	Rate	Date
Nursing Home Single Level	221.24		1/1/2014
Rate Type: Interim Total Interim	X 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:		
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 04/01/1992	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	2	120	» —
Home Office: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 54 Hollywood FL 33021-6744	40-N		



Riverfront Nursing and Rel	nab Center			Provider Number:	0 259942-00
105 15th Street East				Date:	1/9/2014
Bradenton FL 34208				Fiscal Year End:	8/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level	R	rrent ate 23.28	New Rate 226.34	Effective Date 1/1/2014
Interir Settler	Interim n Component nent based on costs Provider Prospective data	XPr]	e Fotal Prospective Prospective Adjusted to Fotal Prospective with	
Basis:	Tovider Prospective data	Changes:			
Budget X Unaudited costs Field audited cost Field audit - inte Desk audited cost Desk audit - Inte Desk Audit - Pro	rim portion sts rim Portion	I	Jsual and Target Ra FRVS Ch Rate Sem	Rating Change I Customary Limitatio the limitation change thange tester Change [2] as of 07/01/1992	on
Distribution:				Thomas Parker	
Contract Management Permanent File For information No Change in F	Only	Medio		Reimbursement Plans	•
Home Office:	Council on Aging of Florida, 1 1311 SW 16th Street Gainesville FL 32608	Inc.			



Sarasota Memorial Nursing & Rehab Facility		Provider Number:	0 260355-00
5640 Rand Blvd.		Date:	1/9/2014
Sarasota FL 34238		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onducted [5]
Troviaci Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	217.99	217.60	1/1/2014
Rate Type :Interim	X Prospective		
Total Interim		otal Prospective	for Nov. Coata
Interim Component Settlement based on costs		rospective Adjusted:	Interim Component
Prior Provider Prospective data		otal i rospective 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 Rat FRVS Cha	Rating Change Customary Limitation e limitation change unge ster Change	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost l	Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L-DE	_
Home Office: 1 - No Home Office			



Bridgeview Center, LLC		Provider Number:	0 260371-00
350 South Ridgewood Avenue		Date:	1/9/2014
Ormond Beach FL 32174		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 227.77	New Rate 222.90	Effective Date 1/1/2014
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 07/24/1996	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	Č
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:	1/9/2014
Eustis FL 32726	<u> </u>		Fiscal Year End:	12/31/2012
			Audit Status:	Unaudited [3]
Provider Type:			radit Status.	onwanter [e]
		urrent	New	Effective
V . W . C. I I I		Rate	Rate	Date
Nursing Home Single Level		220.15	214.86	1/1/2014
Rate Type :				
Interim	X I	Prospectiv	ve	
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		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	. di	
Desk audit - Interim Portion Desk Audit - Prospective portion	X		nester Change [2] as of 09/01/1991	
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	Wica	icaia cos	t Kennoursement i iam	imig and I mance
For information Only		7	L-20	>
No Change in Rate		۷_		
Home Office: OPIS Management Reso	urces, LLC			
Jennifer Ziolowski				
10150 Highland Manor D	Prive			
Tampa FL 33610				



Ruleme Center, LLC		Prov	rider Number:	0 260452-00
2810 Ruleme Street			Date:	1/9/2014
Eustis FL 32726		Fisc	al Year End:	12/31/2012
			Audit Status:	Unaudited [3]
Provider Type:			riudit Status.	Ondation [5]
		rrent	New	Effective
		ate	Rate	Date
Nursing Home Single Level		5.73	216.84	1/1/2014
Rate Type :				
Interim	Y Pro	ospective		
Total Interim Interim Component	_		Prospective ective Adjusted 1	for New Costs
Settlement based on costs	_		•	Interim Component
Prior Provider Prospective data	_		rospective with	Timerim Component
Basis:	Changes:			
		icensure Ratin	a Changa	
Budget X Unaudited costs			omary Limitatio	an
Field audited costs		Target Rate lim		on .
Field audit - interim portion	F	RVS Change		
Desk audited costs				
Desk audit - Interim Portion Desk Audit - Prospective portion		Rate Semester (On FRV [2] as (
<u>Distribution:</u>			omas Parker	
Contract Management / Fiscal Agent	Medic			ning and Finance
Permanent File	Wicare	aid Cost Reini	oursement i ian	ning and I mance
For information Only		70	-20	>
No Change in Rate				
Home Office: OPIS Management Resource	es, LLC			
Jennifer Ziolowski				
10150 Highland Manor Drive	:			
Tampa FL 33610				



Tierra Pines Center, LLC		Prov	vider Number:	0 260568-00
7380 Ulmerton Road			Date:	1/9/2014
Largo FL 33771		Fise	cal Year End:	12/31/2012
		1 10	Audit Status:	Unaudited [3]
Provider Type:			Addit Status.	Onadarca [5]
Trovider Types	Cur	rent	New	Effective
	Ra	ite	Rate	Date
Nursing Home Single Level	215	5.36	211.46	1/1/2014
Rate Type :				
Interim	X Pro	spective		
Total Interim Interim Component	_		Prospective ective Adjusted:	for New Costs
Settlement based on costs	_		•	Interim Component
Prior Provider Prospective data		1000	rrospective with	Timerim Component
Basis:	Changes:			
2.000	gamages.			
Budget	Li	icensure Ratir	ng Change	
X Unaudited costs			omary Limitatic	on
Field audited costs		_	itation change	
Field audit - interim portion	F	RVS Change		
Desk audited costs Desk audit - Interim Portion	R	ate Semester	Changa	
Desk Audit - Prospective portion			of 07/24/1996	
Distribution:		Th	omas Parker	
Contract Management / Fiscal Agent	Madior			ning and Finance
Permanent File	Wicarca	iid Cost Keiii	ioursement i ian	ining and i mance
For information Only		70	-20	>
No Change in Rate			ELE	
Home Office: OPIS Management Resources	, LLC			
Jennifer Ziolowski				
10150 Highland Manor Drive				
Tampa FL 33610				



Highlands Lake Center, LLC		Provider Number:	0 260576-00
4240 Lakeland Highlands Road		Date:	1/9/2014
Lakeland FL 33813		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 225.37	New Rate 214.78	Effective Date 1/1/2014
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	re Rating Change and Customary Limitation ate limitation change thange mester Change [2] as of 09/29/1988	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	Č
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:	1/9/2014
Ormond Beach FL 32074			Fiscal Year End:	12/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	I	Current Rate 232.35	New Rate 227.54	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Componen	X		e Total Prospective Prospective Adjusted t	for New Costs
Settlement based o Prior Provider Pros 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 port	tion	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 11/01/1987	n
Distribution:			Thomas Parker	
Contract Management / Fiscal Age	ent —	Medicaid Cost	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate			L DE	_
Jennifer Zi	hland Manor Drive			



Island Lake Center, LLC				Provider Number:	0 260657-00
155 Landover Place				Date:	1/9/2014
Longwood FL 32750				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sing	gle Level		Current Rate 227.40	New Rate 220.95	Effective Date 1/1/2014
Rate Type : Interim Total In		X		Total Prospective	
	Component ent based on costs			Prospective Adjusted for Total Prospective with	
	ovider Prospective data			Total Prospective with	internii Component
Basis:	-	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interior Desk audited costs Desk audit - Interior Desk Audit - Prosp	m portion m Portion		Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 04/10/1989	n
Distribution:				Thomas Parker	
Contract Management /	Fiscal Agent	Med	licaid Cos	t Reimbursement Plani	ning and Finance
Permanent File For information C No Change in Ra	•			L-DE	-
	OPIS Management Resources, I Jennifer Ziolowski 10150 Highland Manor Drive Tampa FL 33610	LLC			



Indian River Center LLC		Provider Number	:: 0 260665-00
7201 Greensboro Drive		Date	2: 1/9/2014
West Melbourne FL 32904		Fiscal Year End:	12/31/2012
		Audit Status	-
Provider Type:	C		
	Curre Rat		Effective Date
Nursing Home Single Level	227.		1/1/2014
Rate Type:			
Interim Total Interim		pective X Total Prospective	
Interim Component		Prospective Adjuste	ed for New Costs
Settlement based on costs			with Interim Component
Prior Provider Prospective data			1
Basis:	Changes:		
Budget	Lic	ensure Rating Change	
X Unaudited costs		ıal and Customary Limita	ation
Field audited costs	Tar	get Rate limitation chang	ge .
Field audit - interim portion	FR	VS Change	
Desk audited costs	D	g d	
Desk audit - Interim Portion Desk Audit - Prospective portion		e Semester Change FRV [2] as of 08/29/1989	9
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicai	d Cost Reimbursement Pl	lanning and Finance
Permanent File		. VIII.	
For information Only		ZL DE	2
No Change in Rate		~~(
Home Office: OPIS Management Resources	, LLC		
Jennifer Ziolowski			
10150 Highland Manor Drive Tampa FL 33610			
1 ampa 1 L 33010			



Riverwood Center, LLC		Provider Nu	ımber:	0 260673-00
2802 Parental Home Dr			Date:	1/9/2014
Jacksonville FL 32216		Fiscal Year	End:	12/31/2012
		Audit	_	Unaudited [3]
Provider Type:		Audit	<u></u>	Ondudited [5]
-JP:	Curr	ent New		Effective
	Ra			Date
Nursing Home Single Level	213	.64 210.74	<u> </u>	1/1/2014
Rate Type: Interim Total Interim	X Pro:	spective X Total Prospec	tive	
Interim Component	<u> </u>	Prospective A	djusted fo	or New Costs
Settlement based on costs		Total Prospec	tive with l	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	Us Ta	censure Rating Chan ual and Customary I rget Rate limitation RVS Change te Semester Change 1 FRV [2] as of 07/24	Limitation change	
Distribution:		Thomas P	arker	
Contract Management / Fiscal Agent	Medica	id Cost Reimbursem	ent Planni	ing and Finance
Permanent FileFor information OnlyNo Change in Rate		212	ee	_
Home Office: OPIS Management Resources Jennifer Ziolowski 10150 Highland Manor Drive Tampa FL 33610	LLC			



Fairway Oaks Center, LLC				Provider Number:	0 260690-00
13806 N. 46th Street				Date:	1/9/2014
Tampa FL 33613				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				radit Status.	Ondudited [5]
z roviwor zypov		(Current	New	Effective
			Rate	Rate	Date
Nursing Home Single	e Level		231.86	229.66	1/1/2014
Rate Type :					
Interim		X	Prospectiv		
Total Inter				Total Prospective	
Interim Co	based on costs			Prospective Adjusted to Total Prospective with	
	der Prospective data			Total Flospective with	i internii Component
Basis:		Changage	l		
Dasis:		Changes:	J		
Budget			Licensur	e Rating Change	
X Unaudited costs				d Customary Limitatio	n
Field audited costs			Target R	ate limitation change	
Field audit - interim	portion		FRVS C	hange	
Desk audited costs	Doution	·	Data Can	antan Changa	
Desk audit - Interim I Desk Audit - Prospec		X		nester Change [2] as of 07/01/1990	
Distribution:				Thomas Parker	
Contract Management / Fig	scal Agent	Mad	diggid Cos	t Reimbursement Plan	ning and Finance
Permanent File		IVICO	iicaiu cos	t Kennoursement i iam	imig and i mance
For information Onl	y		7	L-20	>
No Change in Rate				KE	
Home Office:	PIS Management Resources,	LLC			
Jer	nnifer Ziolowski				
	150 Highland Manor Drive				
1 a	mpa FL 33610				



Sinai Plaza Nursing and Rehab		Provider Number:	0 260771-00
201 NE 112th Street		Date:	1/9/2014
Miami FL 33161		Fiscal Year End:	7/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 253.09	New Rate 254.10	Effective Date 1/1/2014
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	Usual ar	Total Prospective Prospective Adjusted a Total Prospective with The Rating Change and Customary Limitation Rate limitation change	Interim Component
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		mester Change [2] as of 11/02/1990	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File For information Only No Change in Rate	2	L DE	· —
Home Office: Hebrew Home Management 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:	1/9/2014
St. Petersburg FL 33710		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 229.16	New Rate 228.42	Effective Date 1/1/2014
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 04/13/1994	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plani	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	Č
Home Office: Greystone Healthcare Manage 4042 Park Oaks Blvd, Suite 3 Tampa FL 33610			



Terra Vista Rehabilitation and Health Center	Provider Number:	0 261611-00
1730 Lucerne Terrace	Date:	1/9/2014
Orlando FL 32806	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 206.91 200.35	Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted Total Prospective with	
	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	on
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Plan	
Home Office: 1 - No Home Office		



Avalon Health Care Center		Provider Number:	0 261629-00
1270 SW Main Blvd		Date:	1/9/2014
Lake City FL 32025		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onadarica [5]
Trovider Types	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	196.03	198.48	1/1/2014
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:		
D. J	I icensur	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 Distribution:	Oli 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-20	
Home Office: 1 - No Home Office			



Emerald Healthcare Center		Provider Number:	0 261637-00
1655 SE Walton Road		Date:	1/9/2014
Port St. Lucie FL 34952		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Onduction [5]
Trontage Types	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	213.38	214.53	1/1/2014
Rate Type: Interim Total Interim Interim Component		ve Total Prospective Prospective Adjusted t	for New Costs
Settlement based on costs	X	Total Prospective with	
Prior Provider Prospective data		Total Prospective with	memi 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 X Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 11/01/1987	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: 1 - No Home Office			



Hawthorne Health & Rehab of Brandon		Provider Number:	0 261670-00
851 West Lumsden Road		Date:	1/9/2014
Brandon FL 33511		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:		Tadar Status.	0
V 1	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	205.96	208.48	1/1/2014
Rate Type :			
	X Prospectiv		
Interim Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Declarat	Licensur	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 [2] as of 03/27/1995	
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	ومدر	11-00	2
No Change in Rate	2	LDE	
		7	
Home Office: 1 - No Home Office			
\P			



Atlantic Shores Nursing and Rehab			Provider Number:	0 263389-00
4251 Stack Blvd.			Date:	1/9/2014
Melbourne FL 32901			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		urrent Rate 12.27	New Rate 214.25	Effective Date 1/1/2014
Rate Type :				
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	XP		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	X	Usual and Target Ra FRVS Cl Rate Sem	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 12/08/1995	n
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medi		t Reimbursement Plani	
Home Office: Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 1 Atlanta GA 30328	•			



Bonifay Nursing and Rehab		Provider Number:	0 263443-00
306 West Brock Avenue		Date:	1/9/2014
Bonifay FL 32425		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 193.81	New Rate 197.00	Effective Date 1/1/2014
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 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 Limitatio tate limitation change Change mester Change [2] as of 10/01/2003	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st 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			



Riviera Palms Rehabilitation Center		Provider Number:	0 263451-00
926 Haben Blvd.		Date:	1/9/2014
Palmetto FL 34221		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 215.01	New Rate 217.21	Effective Date 1/1/2014
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
	60		
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 03/07/1988	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: Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 1: Atlanta GA 30328			



Boynton Beach Rehabilitation Center		Provider Number:	0 263460-00
9600 Lawrence Road		Date:	1/9/2014
Boynton Beach FL 33436		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	221.51	215.68	1/1/2014
Rate Type: Interim Total Interim Interim Component		re 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	Licensure Usual and Target R: FRVS CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/01/1998	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: Southern HealthCare Manager R. Mark Cronquist 5887 Glenridge Drive, Suite 15 Atlanta GA 30328			



Arbor Trail Rehab and Skilled Nursing Center		Provider Number:	0 263478-00
611 Turner Camp Road		Date:	1/9/2014
Inverness FL 34453		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 199.93	New Rate 202.56	Effective Date 1/1/2014
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 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:	1/9/2014
St. Petersburg FL 33712		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 229.01	New Rate 231.79	Effective Date 1/1/2014
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 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		L-DE	
Home Office: Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 1 Atlanta GA 30328			



Jacksonville Nursing and Rehab		Provider Number:	0 263494-00
4134 Dunn Ave.		Date:	1/9/2014
Jacksonville FL 32218		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 213.69	New Rate 216.32	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospectiv	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 X Rate Ser	re Rating Change and Customary Limitation cate limitation change Change mester Change [2] as of 10/31/1990	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: Southern Health R. Mark Cronqui 5887 Glenridge I Atlanta GA 3032	re Management, LLC re, Suite 150		



Port Orange Nursing and Rehab		Provider Number:	0 263508-00
5600 Victory Gardens Blvd.		Date:	1/9/2014
Port Orange FL 32127		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 222.42	New Rate 222.84	Effective Date 1/1/2014
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 CI	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/09/1992	n
Distribution:		Thomas Daulian	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plans	_
Home Office: Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 15 Atlanta GA 30328			



Macclenny Nursing and Rehab		Provider Number:	0 263516-00
755 South 5th Street		Date:	1/9/2014
MacClenny FL 32063		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.77	New Rate 208.42	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior 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 08/27/1990	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: Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328			



Medicana Nursing and Rehab		Provider Number:	0 263524-00
1710 Lake Worth Road		Date:	1/9/2014
Lake Worth FL 33460		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 209.86	New Rate 211.03	Effective Date 1/1/2014
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 and Target R FRVS C	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 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			



Tiffany Hall Nursing and Rehab		Provider Number:	0 263532-00
1800 SE Hillmoor Drive		Date:	1/9/2014
Port St. Lucie FL 34952		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 215.19	New Rate 216.98	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		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 and Target R FRVS C	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	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	2	LDE	<u>-</u>
Home Office: Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 1: Atlanta GA 30328			



Metrowest Nursing and Rehab		Provider Number:	0 263541-00
5900 West Gate Drive		Date:	1/9/2014
Orlando FL 32835		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 223.48	New Rate 226.59	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim Component Settlement based on costs		re Total Prospective Prospective Adjusted of Total Prospective with	
Prior Provider Prospective data Basis:	Changes:	Total Prospective with	Thermi Component
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 10/21/1994	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: 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:	1/9/2014
St. Augustine FL 32086			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		urrent Rate 08.48	New Rate 211.22	Effective Date 1/1/2014
Rate Type: Interim	XP	rospectiv	e Total Prospective	
Total Interim Interim Component Settlement based on costs			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 and Target R. FRVS C. Rate Sen	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 Permanent File For information Only	Medi		t Reimbursement Plan	
No Change in Rate Home Office: Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 1 Atlanta GA 30328		5335		



Orange City Nursing and Rehab		Provider Number:	0 263567-00
2810 Enterprise Road		Date:	1/9/2014
DeBary FL 32713		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 215.66	New Rate 217.44	Effective Date 1/1/2014
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	Changes: Licensur Usual an	Total Prospective Prospective Adjusted to Total Prospective with e Rating Change d Customary Limitation at limitation change	Interim Component
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 06/26/1991	
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: Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 1 Atlanta GA 30328			



Bayshore Pointe Nursing and Rehab		Provider Number:	0 263575-00
3117 West Gandy Blvd.		Date:	1/9/2014
Tampa FL 33611		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 210.85	New Rate 214.08	Effective Date 1/1/2014
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:		
		n d Gi	
Budget		e Rating Change	
Unaudited costs Field audited costs		d Customary Limitatio ate limitation change	n
Field audit - interim portion	FRVS C	=	
Desk audited costs			
Desk audit - Interim Portion		nester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 01/01/1986	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	THE GOOD	V 1101110 W100111011V 1 1W11	8
For information Only	7	L-DE	>
No Change in Rate	2_		
Home Office: Southern HealthCare Manage	ment, LLC		
R. Mark Cronquist			
5887 Glenridge Drive, Suite 1.	50		
Atlanta GA 30328			



Royal Oaks Nursing and Rehab		Provider Number:	0 263583-00
2225 Knox McRae Drive		Date:	1/9/2014
Titusville FL 32780		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 202.84	New Rate 204.50	Effective Date 1/1/2014
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 Ra FRVS Cl	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 04/09/1993	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: Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 1: Atlanta GA 30328			



Tuskawilla Nursing and Rehab		Provider Number:	0 263591-00
1024 Willa Springs Drive		Date:	1/9/2014
Winter Springs FL 32708		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 216.61	New Rate 218.32	Effective Date 1/1/2014
D 4 T			
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:		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 11/07/1994	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: Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 1 Atlanta GA 30328			



Hunter's Creek Nursing and Rehab			Provider Number:	0 263605-00
14155 Town Loop Bovd.			Date:	1/9/2014
Orlando FL 32837			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	_	Current Rate 237.34	New Rate 240.13	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component	X		re Total Prospective Prospective Adjusted f	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	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 05/26/1998	n
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information Only No Change in Rate	M		t Reimbursement Plans	
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:	1/9/2014
Boynton Beach FL 33435		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 204.45	New Rate 203.73	Effective Date 1/1/2014
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 Cl	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 09/29/1988	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: Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 1: Atlanta GA 30328			



Palm City Nursing and Rehab		Provider Number:	0 263621-00
2505 SW Martin Highway		Date:	1/9/2014
Palm City FL 34990		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 220.41	New Rate 222.86	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior 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 Cl	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/19/1993	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: Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 1 Atlanta GA 30328			



Bay Pointe Nursing Pavilion		Provider Number:	0 263834-00
4201 31st Street South		Date:	1/9/2014
St. Petersburg FL 33712		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.74	215.23	1/1/2014
Rate Type: Interim Total Interim Interim Commonwell		e Total Prospective Prospective Adjusted 1	For Now Coots
Interim Component Settlement based on costs Prior Provider Prospective data		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 C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/01/1991	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: 1 - No Home Office			



Boca Raton Rehabilitation Center		Provider Number:	0 263842-00
755 Meadows Road		Date:	1/9/2014
Boca Raton FL 33486		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Onadanoa [5]
J F	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	201.68	204.39	1/1/2014
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	Target R	ate limitation change	
Field audit - interim portion	FRVS CI	hange	
Desk audited costs	D C		
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 04/01/1998	
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	<u> </u>		
Home Office: 1 - No Home Office			



Deerfield Beach Health and Rehabilitation Center		Provider Number:	0 263851-00
401 East Sample Road		Date:	1/9/2014
Pompano Beach FL 33064		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 214.91	New Rate 205.81	Effective Date 1/1/2014
Interim Total Interim Interim Component 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 Ra FRVS Cl	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/26/1988	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			



Rehabilitation and Healthcare Center of Cape Coral		Provider Number:	0 263869-00
2629 Del Prado Blvd S		Date:	1/9/2014
Cape Coral FL 33904		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.15	New Rate 201.62	Effective Date 1/1/2014
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 I Customary Limitation the limitation change hange ester Change [2] as of 12/01/1985	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Reimbursement Plans	
Home Office: 1 - No Home Office			



Carrollwood Care Center		Provider Number:	0 263877-00
15002 Hutchinson Road		Date:	1/9/2014
Tampa FL 33625		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Onduction [3]
-10,1401 -J.P.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	195.73	199.77	1/1/2014
Rate Type: Interim Total Interim Interim Component		Total Prospective Prospective Adjusted t	
Settlement based on costs Prior Provider Prospective data Basis:	Changes:	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	Usual and 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 File For information Only No Change in Rate		120	
Home Office: 1 - No Home Office			



Casa Mora Rehabilitation and Extended Care	Provider Number:	0 263885-00
1902 59th Street West	Date:	1/9/2014
Bradenton FL 34209	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 209.80 211.89	Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement based on costs	X Prospective X Total Prospective Prospective Adjusted Total Prospective with	
Prior Provider Prospective data	nanges:	
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	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: 1 - No Home Office		



Evergreen Woods Health and Rehabilitation Center	Provider Number:	0 263893-00
7045 Evergreen Woods Trail	Date:	1/9/2014
Spring Hill FL 34608	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 201.98 194.40	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component Settlement based on costs	X Prospective X Total Prospective Prospective Adjusted Total Prospective with	
Prior Provider Prospective data Basis: C	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 01/01/1989	on
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Plan	_
Home Office: 1 - No Home Office		



Highland Pines Rehabilitation Center		Provider Number:	0 263907-00
1111 South Highland Avenue		Date:	1/9/2014
Clearwater FL 33756		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Onadanoa [5]
-101201 1 J P 00	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	199.91	197.35	1/1/2014
Rate Type :			
Interim	X Prospective		
Total Interim		Total Prospective	
Interim Component Settlement based on costs		Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data		Total Prospective with	i interim 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		a.	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 10/01/1985	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Madigaid Con	t Reimbursement Plan	ning and Einanga
Permanent File	ivicultatu C08	i Kennouisement Fian	ming and rillance
For information Only	7	120	>
No Change in Rate	2		
Home Office: 1 - No Home Office			
Home Office.			



Rehabilitation Center of The Palm Beaches		Provider Number:	0 263915-00
301 Northpointe Parkway		Date:	1/9/2014
West Palm Beach FL 33407		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Taudit Status.	0
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	213.44	213.37	1/1/2014
Rate Type :			
Interim	X Prospectiv		
Total Interim		Total Prospective	
Interim Component Settlement based on costs		Prospective Adjusted	
Prior Provider Prospective data		Total Prospective with	i Interim Component
	CI.		
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 Distribution:	On FRV	[2] as of 10/01/1985	
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only		. 1	
No Change in Rate	2	L-20	

Home Office: 1 - No Home Office			



Pompano Health and Rehabilitation Center		Provider Number:	0 263923-00
51 West Sample Road		Date:	1/9/2014
Pompano Beach FL 33064		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		120020 300003.	
	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.36	207.85	1/1/2014
Truising frome Single Devel	207.30		1/1/2014
Rate Type :			
Interim	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	Target R	ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs	D C	, GI	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 11/01/1990	
<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	500		
Home Office: 1 - No Home Office			



Healthcare and Rehabilitation Center of Sanford		Provider Number:	0 263931-00
950 Mellonville Avenue		Date:	1/9/2014
Sanford FL 32771		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 188.90	New Rate 190.79	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component		Total Prospective Prospective Adjusted	
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	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	n
Distribution:		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			



Rehabilitation and Healthcare Center of Tampa		Provider Number:	0 263940-00
4411 North Habana Ave		Date:	1/9/2014
Tampa FL 33614		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 199.26	New Rate 196.02	Effective Date 1/1/2014
Rate Type : Interim 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 and Target Ra FRVS Cl	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 Abbey Rehabilitation and Nursing Center		Provider Number:	0 263958-00
7101 Martin Luther King Jr. St. N.		Date:	1/9/2014
St. Petersburg FL 33702		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.52	214.16	1/1/2014
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		1	1
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	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			2
No Change in Rate	Z	L-DE	
Home Office: 1 - No Home Office			



The Oaks at Avon Park		Provider Number:	0 263966-00
1010 US 27 N		Date:	1/9/2014
Avon Park FL 33825		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onadarea [5]
Trovider Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	202.68	193.33	1/1/2014
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:		
Declarat	Licensur	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 [2] as of 01/05/1993	
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	ومديا	11-00	2
No Change in Rate	2	LDE	
Home Office: 1 - No Home Office			



Titusville Rehabilitation and Nursing Center		Provider Number:	0 263974-00
1705 Jess Parrish Court		Date:	1/9/2014
Titusville FL 32796		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 216.83	New Rate 220.86	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs		e Rating Change I Customary Limitatio	n
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Target Ra FRVS Ch X Rate Sem	ate limitation change nange	
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 Reimbursement Plant	_
Home Office: 1 - No Home Office			



Sarasota Health and Rehabilitation Center	Provider Number:	0 263982-00
1524 East Avenue South	Date:	1/9/2014
Sarasota FL 34239	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 202.66 199.09	Effective Date 1/1/2014
Rate Type: Interim 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	<u></u> .	1
Basis:	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 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	ning and Finance
Permanent File		
For information Only	21-20	2
No Change in Rate		
Home Office: 1 - No Home Office		



Windsor Woods Rehabilitation and Healthcare Center		Provider Number:	0 263991-00
13719 Dallas Drive		Date:	1/9/2014
Hudson FL 34667		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 195.27	New Rate 195.89	Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement based on costs Prior 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 09/01/1993	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: 1 - No Home Office			



Winkler Court	Provider Number:	0 264008-00
3250 Winkler Ave	Date:	1/9/2014
Fort Myers FL 33916	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 208.05 204.43	Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective X 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	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 04/12/1995	on
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information Only No Change in Rate	Medicaid Cost Reimbursement Plan	
Home Office: 1 - No Home Office		



Lafayette Healthcare Center				Provider Number:	0 264482-00
512 West Main Sreet				Date:	1/9/2014
Mayo FL 32066				Fiscal Year End:	10/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				riddit Status.	Ondation [3]
) I			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home Sir	igle Level	_	185.09	<u> 187.72</u>	1/1/2014
Rate Type :					
Interim		X	Prospectiv	re	
Total I	nterim		X	Total Prospective	
Interim	Component			Prospective Adjusted	for New Costs
	nent based on costs			Total Prospective with	Interim Component
Prior P	rovider Prospective data				
Basis:		Changes	•		
Budget			Licensur	e Rating Change	
X Unaudited costs		-	_	d Customary Limitatio	n
Field audited cost	is		Target R	ate limitation change	
Field audit - inter	•		FRVS C	hange	
Desk audited cost			- p . c		
Desk audit - Inter Desk Audit - Pros		X		nester Change [2] as of 07/15/1997	
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					_
For information			7	120	>
No Change in R	ate				
Home Office:	CNH, LLC				
	46 Third Street NW				
	Hickory NC 28601				



Clifford Chester Sims State Veterans' Nursing Home		Provider Number:	0 264491-00
4419 Tram Road		Date:	1/9/2014
Springfield FL 32404		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 228.65	New Rate 229.61	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior 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 Limitatio ate limitation change hange nester Change [2] as of 11/05/2003	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	Č
Home Office: Florida Dept. of Veterans Aff Walter Gilchrist 11351 Ulmerton Road, Room Largo Fl 33778-1630			



Conway Lakes Health & Rehabilitation Center		Provider Number:	0 264512-00
5201 Curry Ford Road		Date:	1/9/2014
Orlando FL 32812		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 225.74	New Rate 226.71	Effective Date 1/1/2014
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 Rate limitation change Change mester Change [2] as of 12/23/1991	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: Clear Choice Health Care, LL 709 S. Harbor City Blvd. Melbourne FL 32901	С		



Belleair Health Care Center		Provider Number:	0 264521-00
1150 PONCE DE LEON BLVD		Date:	1/9/2014
Clearwater FL 33756		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Ondation [5]
-10,1401 -J.P.	Curren	t New	Effective
	Rate	Rate	Date
Nursing Home Single Level	221.9	4 217.35	1/1/2014
Rate Type: Interim Total Interim Interim Component	X Prospe		for New Costs
Settlement based on costs		Total Prospective with	n 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	Usua Targ FRV X Rate	nsure Rating Change al and Customary Limitation et Rate limitation change S Change Semester Change RV [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		ZL ZL	-
Home Office: Clear Choice Health Care, LLC 709 S. Harbor City Blvd. Melbourne FL 32901			



East Bay Rehabilitation Ce	enter			Provider Number:	0 264539-00
4470 East Bay Drive				Date:	1/9/2014
Clearwater FL 33764				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Si	ingle Level		226.88	220.61	1/1/2014
Interi Settle	Interim m Component ment based on costs	X		ve Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Provider Prospective data	Changes:			
Budget X Unaudited costs Field audited co Field audit - into Desk audited co Desk audit - Into Desk Audit - Pro	erim portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/26/1990	n
Distribution:				Thomas Parker	
Contract Managemen Permanent File For information		Me		t Reimbursement Plani	_
No Change in	· · · · · ·		2	L-20	
Home Office:	Clear Choice Health Care, LI	.c			
	709 S. Harbor City Blvd. Melbourne FL 32901				



Melbourne Terrace Restorative Care Center		Provider Number:	0 264547-00
251 Florida Ave		Date:	1/9/2014
Melbourne FL 32901		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 231.31	New Rate 227.27	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior 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 X Rate Ser	te Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 02/09/1989	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: Clear Choice Health Care, LLC 709 S. Harbor City Blvd. Melbourne FL 32901			



Centre Point Health and Rehab Center		Provider Number:	0 264563-00
2255 Centerville Road		Date:	1/9/2014
Tallahassee FL 32308		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 216.87	New Rate 216.11	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component		Total Prospective Prospective Adjusted	
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 an Target R FRVS C X Rate Sen	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 06/25/1987	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: Clear Choice Health Care, LLC 709 S. Harbor City Blvd. Melbourne FL 32901			



Spring Lake Rehabilitation	Center			Provider Number:	0 264571-00
1540 Sixth Street NW				Date:	1/9/2014
Winter Haven FL 33881				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ingle Level	_	Current Rate 229.42	New Rate 226.29	Effective Date 1/1/2014
Interi	Interim m Component	X		Total Prospective Prospective Adjusted to	
	ment based on costs Provider Prospective data	Changes		Total Prospective with	i internii Component
	erim portion	X	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 05/17/1991	on
Distribution:				Thomas Parker	
Contract Managemen	t / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in	•			LDE	
Home Office:	Clear Choice Health Care, Ll	LC			
	709 S. Harbor City Blvd. Melbourne FL 32901				



Life Care Center of Estero		Provider Number:	0 265381-00
3850 Williams Road		Date:	1/9/2014
Estero FL 33929		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 227.41	New Rate 230.29	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospectiv	ve Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:	D. i. Ol	
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 10/23/2003	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		LRE	_
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:	1/9/2014
Lakeland FL 33810		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 190.19	New Rate 184.77	Effective Date 1/1/2014
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 11/01/1994	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: Summit Care II, Inc Guy Farmer 2851 Remington Green Circle Tallahassee FL 32308	e, Ste. D		



Hialeah Nursing and Rehabilitation Center		Provider Number:	0 265730-00
190 W. 28th Street		Date:	1/9/2014
Hialeah FL 33010		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onadated [5]
Trontage Types	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	194.56	189.35	1/1/2014
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:		
Pudget	Licensur	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 Desk Audit - Prospective portion		nester Change [2] as of 07/01/1991	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Madiacid Con		uing and Einanga
Permanent File	Medicaid Cos	t Reimbursement Plan	ming and rinance
For information Only	-7	120	>
No Change in Rate	2	- KE	
Home Office: 1 - No Home Office			
Tionic Office.			



Life Care Center of Ocala		Provider Number:	0 266108-00
2800 SW 41st Street		Date:	1/9/2014
Ocala FL 34474		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 220.00	New Rate 215.10	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior 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 X Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/1998	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	LDE	>
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Oasis Health and Rehabilitation Center		Provider Number:	0 266124-00
1201 12th Avenue South		Date:	1/9/2014
Lake Worth FL 33460		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	230.70	230.80	1/1/2014
Rate Type: Interim Total Interim	X Prospectiv	re 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	
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 10/01/2002	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information Only No Change in Rate	Z	L-DE	>
Home Office: 1 - No Home Office			



Southpoint Terrace		Provider Nun	nber:	0 266281-00
4325 Southpoint Boulevard]	Date:	1/9/2014
Jacksonville FL 32216		Fiscal Year I	 End:	12/31/2012
		Audit St		Unaudited [3]
Provider Type:		Audit Si		Onadarea [5]
-JPS	Curr	ent New	Е	Effective
	Ra			Date
Nursing Home Single Level	175	.06 167.99		/1/2014
Rate Type: Interim Total Interim Interim Component	X Pros	spective X Total Prospecti Prospective Ad		New Costs
Settlement based on costs			-	erim 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	Us Ta	censure Rating Changual and Customary Li rget Rate limitation change AVS Change te Semester Change a FRV [2] as of 02/20/	mitation nange	
Distribution:		Thomas Par	rker	
Contract Management / Fiscal Agent	Medica	id Cost Reimbursemen		and Finance
Permanent FileFor information OnlyNo Change in Rate		ZLZ		
Home Office: SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circl Daytona Beach FL 32114	e			



Whispering Oaks		Provider Number:	0 266612-00
1514 East Chelsea Street		Date:	1/9/2014
Tampa FL 33610		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	Onadanoa [5]
- J P 3	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	156.95	157.80	1/1/2014
Rate Type :			
Interim Total Interim	X Prospectiv		
Interim Component		Total Prospective Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
	5 		
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	and Charac	
Desk Audit - Prospective portion		nester Change [2] as of 02/01/1989	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	Medicala Cos	. Temmoursoment i ian	and I manee
For information Only	-7	120	>
No Change in Rate	2		
Home Office: 1 - No Home Office			
Home Office.			



The Springs At Boca Ciega Bay		Provider Number:	0 267724-00
1255 Pasadena Avenue S., Suite C		Date:	1/9/2014
St. Petersburg FL 33707		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 225.84	New Rate 220.24	Effective Date 1/1/2014
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:		Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Usual and Target Ra FRVS CI	e Rating Change Il Customary Limitation the limitation change hange lester Change [2] as of 07/01/1987	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Summit Care II, Inc Guy Farmer	Z	Thomas Parker Reimbursement Plant	-
2851 Remington Green Circle Tallahassee FL 32308	e, Ste. D		



The Nursing Center At Men	rey			Provider Number:	0 267902-00
3671 South Miami Avenue				Date:	1/9/2014
Miami FL 33133				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level	<u>-</u>	Current Rate 189.14	New Rate 186.56	Effective Date 1/1/2014
Interir Settler	Interim m Component ment based on costs Provider Prospective data	X		re Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	1	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 Limitatio ate limitation change hange nester Change [2] as of 12/04/1994	n
Distribution:				Thomas Parker	
Contract Management Permanent File For information No Change in F	ı Only	M		t Reimbursement Plans	-
Home Office:	SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circl Daytona Beach FL 32114	le			



Lanier Manor		Provider Number:	0 268003-00
12740 Lanier Road		Date:	1/9/2014
Jacksonville FL 32226		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onduction [5]
-10,1201 1,po	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	205.29	204.69	1/1/2014
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	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 C		
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 08/01/2001	
Distribution:		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	_	EL	
Home Office: 1 - No Home Office			



Susanna Wesley Health Center	Provider 1	Number: 0 268062-00
5300 West 16th Ave		Date: 1/9/2014
Hialeah FL 33012	Fiscal Ye	ear End: 12/31/2012
	Audi	it Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate Nev Rate 242.43 245.	w Effective e Date
Rate Type :		
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		ective Adjusted for New Costs ective 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 Cha Usual and Customary Target Rate limitation FRVS Change X Rate Semester Chang On FRV [2] as of 06/	y Limitation n change ge
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimburse	ement Planning and Finance
Home Office: 1 - No Home Office		



Life Care Center of Palm Bay		Provider Number:	0 268186-00
175 Villanueva Road		Date:	1/9/2014
Palm Bay FL 32907		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curren Rate 209.10	t New Rate	Effective Date 1/1/2014
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 Targu FRV X Rate	nsure Rating Change I and Customary Limitation et Rate limitation change S Change Semester Change RV [2] as of 05/28/2004	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid	Cost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL ZL	_
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:	1/9/2014
Naples FL 34109		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	Onadanoa [5]
-JPS	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	228.42	228.81	1/1/2014
Rate Type :			
Interim	X Prospectiv	7 2	
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	hange	
Desk audited costs	D C		
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 06/16/1998	
Distribution:		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			



Abbiejean Russell Care Center		Provider Number:	0 268755-00
700 South 29th Street		Date:	1/9/2014
Ft. Pierce FL 34947		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onductive [5]
-JP:	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	231.41	231.79	1/1/2014
Rate Type:	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	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	2	L-DC	<i>></i>
No Change in Rate			
Home Office: Synergy Health Care Denny Roberts 1835 Miami Gardens Dr. Suite North Miami Beach FL 33179	e 167		



Good Samaritan Center		Provider Number:	0 268763-00
10676 Marvin Jones Boulevard		Date:	1/9/2014
Live Oak FL 32060		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onadated [5]
1, por	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	198.29	201.84	1/1/2014
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		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	agetor Change	
Desk Audit - Prospective portion		nester Change [2] as of 10/01/1985	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	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 Springs at Lake Pointe Woods		Provider Number:	0 268780-00
3280 Lake Pointe Drive		Date:	1/9/2014
Sarasota FL 34238		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 234.84	New Rate 229.81	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim 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 Limitation ate limitation change hange nester Change [2] as of 11/01/1989	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: Summit Care II, Inc Guy Farmer 2851 Remington Green Circle Tallahassee FL 32308	, Ste. D		



Majestic Oaks Continuing Care Complex		Provider Number:	0 269000-00
901 Veterans Memorial Parkway		Date:	1/9/2014
Orange City Fl 32763		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tadar Status.	
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	202.57	201.80	1/1/2014
Rate Type :			
Interim	X Prospectiv		
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data		Total Prospective with	Interim Component
	[ex		
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 Desk Audit - Prospective portion		nester Change [2] as of 01/21/2003	
Distribution:	On Ticy		
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only	8000	11-00	>
No Change in Rate	2	L-DE	
Home Office: 1 - No Home Office			
Home Office: 1 - No Home Office			



Harmony Health Center		Provider Number:	0 269107-00
9820 N. Kendall Drive		Date:	1/9/2014
Miami Fl 33176		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 193.85	New Rate 191.99	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		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	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 11/13/2000	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 Circl Daytona Beach FL 32114			



Douglas Jacobson State Veterans Nursing Home		Provider Number:	0 269492-00
21281 Grayton Terrance		Date:	1/9/2014
Port Charlotte FL 33954		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 229.67	New Rate 229.98	Effective Date 1/1/2014
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 C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 06/07/2004	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	Č
Home Office: Florida Dept. of Veterans Affi Walter Gilchrist 11351 Ulmerton Road, Room Largo Fl 33778-1630			



Regents Park of Sunrise	Provider Number:	0 269697-00
9711 West Oakland Park Boulevard	Date:	1/9/2014
Sunrise FL 33351	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 208.50 209.28	Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted Total Prospective with	
	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 11/06/1989	on
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Plan	•
Home Office: 1 - No Home Office		



Regents Park of Winter Park		Provider Number:	0 269719-00
558 Semoran Boulevard		Date:	1/9/2014
Winter Park FL 32792		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Onadated [5]
To the second of	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	201.55	201.77	1/1/2014
Rate Type: Interim Total Interim	X Prospectiv	e 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 11/23/1988	
<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			



Regents Park of Jacksonville		Provider Number:	0 269727-00
8700 A.C. Skinner Parkway		Date:	1/9/2014
Jacksonville FL 32256		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Onadated [5]
-10,1301 -JP01	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	196.05	198.64	1/1/2014
Rate Type: Interim Total Interim	X 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:		
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 Limitation ate limitation change hange nester Change [2] as of 03/31/1994	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LAC	
Home Office: 1 - No Home Office			



Jacaranda Manor		Provider Number:	0 281743-00
4250 66th Street North		Date:	1/9/2014
St. Petersburg FL 33709		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 171.19	Rate	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospe	ctive 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	Usua Targe FRV:	sure Rating Change and Customary Limitation to Rate limitation change S Change Semester Change RV [2] as of 10/01/1985	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid (Cost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL DL	_
Home Office: Grace Healthcare, Inc Randy Martin 7201 Shallowford Rd, STE 20 Chattanooga TN 37421)		



Community Care Center	Provider Numb	ber: 0 281913-00
2202 West Oak Avenue	D	ate: 1/9/2014
Plant City FL 33563	Fiscal Year Er	nd: 6/30/2013
	Audit Sta	tus: Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate New Rate 186.90 204.29	Effective
Rate Type:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		nsted for New Costs e with Interim Component nitation unge
<u>Distribution:</u>	Thomas Park	ker
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement	Planning and Finance
Permanent FileFor information OnlyNo Change in Rate	ZLX	'e
Home Office: 1 - No Home Office		



West Gables Health Care Center		Provider Number:	0 282359-00
2525 SW 75th Avenue		Date:	1/9/2014
Miami FL 33155		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curr Ra 235	ent New te Rate	Effective
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Pros	spective X Total Prospective Prospective Adjuste Total Prospective w	d for New Costs ith 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	Us FF X Ra	censure Rating Change ual and Customary Limitar rget Rate limitation change RVS Change te Semester Change a FRV [2] as of 10/06/1988	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medica	id Cost Reimbursement Pla	anning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL ZL	_
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:	1/9/2014
Deland FL 32720		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 216.20	New Rate 215.57	Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective da	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 change Change change mester Change [2] as of 11/03/2004	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	Č
Home Office: Greystone Healthcar 4042 Park Oaks Blvd Tampa FL 33610	-		



Coral Reef Nursing and Rehabilitation Center		Provider Number:	0 282529-00
9869 S.W. 152nd Street		Date:	1/9/2014
Miami FL 33157		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 237.97	New Rate 240.05	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim Component Settlement based on costs	I	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 te limitation change lange ester Change [2] as of 03/01/1996	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: 1 - No Home Office			



Palm Terrace of St. Petersburg		Provider Number:	0 282537-00
521 69th Avernue North		Date:	1/9/2014
St. Petersburg Fl 33702		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 238.11	New Rate 240.49	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospect X	ive 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 a Target FRVS	ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 06/01/1997	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		ost Reimbursement Plan	- Control of the Cont
Home Office: Cypress Administrative Service Eric Martin 4 West Red Oak Lane, Suite 201 White Plains NY 10604	s, LLC		



The Terrace at Daytona Be				Provider Number:	0 282553-00
1704 Huntington Village C	ircle			Date:	1/9/2014
Daytona Beach FL 32114				Fiscal Year End:	7/31/2013
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level	<u>-</u>	Current Rate	New Rate 167.96	Effective Date 1/1/2014
Interio Settler	Interim m Component ment based on costs Provider 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 - 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 Limitatio ate limitation change hange nester Change [2] as of 06/29/1998	n
Distribution:				Thomas Parker	
Contract Managemen Permanent File For information No Change in I	ı Only	M		t Reimbursement Plans	_
Home Office:	SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circl Daytona Beach FL 32114	le			



Palm Terrace of Clewiston		Provider Number:	0 282618-00
301 South Gloria Street		Date:	1/9/2014
Clewiston FL 33440		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 211.81	New Rate 223.66	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement 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 and Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 09/01/1990	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: 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:	1/9/2014
Lakeland FL 33805		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:			
· ·	Current	New	Effective
N ' H C' I I I	Rate	Rate	Date
Nursing Home Single Level	204.78	204.86	1/1/2014
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:		
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:		Thomas Parker	
Contract Management / Fiscal Agent	Madigaid Cog	t Reimbursement Plan	ning and Finance
Permanent File	Medicald Cos	t Kennoursement I iani	ning and I mance
For information Only	7	L-20	>
No Change in Rate	2		
Home Office: Cypress Administrative Service Eric Martin 4 West Red Oak Lane, Suite 20			
White Plains NY 10604			



Life Care Center of Jacksonville		Provider Number:	0 283193-00
4813 Lenoir Avenue		Date:	1/9/2014
Jacksonville FL 32216		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 220.92	New Rate	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospec	ctive Total Prospective Prospective Adjusted : Total Prospective with	
Budget	Changes:	sure Rating Change	
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Targe FRVS X Rate S	and Customary Limitation t Rate limitation change 5 Change Semester Change RV [2] as of 01/04/2005	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid (Cost Reimbursement Plan	ning and Finance
For information Only No Change in Rate		IL DE	>
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Life Care Center of Orange Park			Provider Number:	0 284289-00
2145 Kingsley Avenue			Date:	1/9/2014
Orange Park FL 32073			Fiscal Year End:	7/31/2013
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	<u>-</u>	Current Rate 185.19	New Rate 194.36	Effective Date 1/1/2014
Rate Type :				
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X		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:	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 09/19/1996	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Life Care Centers Of Americ Doug Ruth			Thomas Parker t Reimbursement Plans	_
3570 NW Keith Street Cleveland TN 37320				



The Terrace at Fleming Island		Provider Number:	0 284785-00
1125 Fleming Plantation Road		Date:	1/9/2014
Orange Park FL 32003		Fiscal Year End:	7/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 167.25	New Rate 170.22	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs	Usual ar Target F	Total Prospective Prospective Adjusted a Total Prospective with The Rating Change and Customary Limitation Rate limitation change	Interim Component
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		Change mester Change [2] as of 03/11/2005	
<u>Distribution:</u>		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 Circl Daytona Beach FL 32114	e		



Brighton Gardens of Tampa		Provider Number:	0 284793-00
14624 North Dale Mabry Highway		Date:	1/9/2014
Tampa FL 33618		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onadarica [5]
- J P 3	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	222.72	225.86	1/1/2014
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	mermi Component
Basis:	Changes		
Dasis:	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 11/23/1999	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		E 200 24 0 2.55 L00	
For information Only	Z	L-DC	>
No Change in Rate			
Home Office: 1 - No Home Office			



Aventura Plaza Rehabilitation and Nursing Center		Provider Number:	0 284823-00
1800 NE 168TH Street		Date:	1/9/2014
N. Miami Beach FL 33162		Fiscal Year End:	8/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 267.53	New Rate 278.10	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs		re Total Prospective Prospective Adjusted to the 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 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: Hebrew Home Management S Steve Beaujon 1800 NE 168th Street, Suite 20 Miami Beach FL 33162			



Cypress Village		Provider Nun	nber:	0 307998-00
4600 Middleton Park, Circle East]	Date:	1/9/2014
Jacksonville FL 32224		Fiscal Year I	 End:	12/31/2012
		Audit St		Unaudited [3]
Provider Type:		Tudit St		
J.F.	Curr	ent New	Eff	ective
	Ra			Date
Nursing Home Single Level	219	.08 214.58	1/1	/2014
Rate Type :				
Interim	X Pros	spective		
Total Interim	_	X Total Prospective		
Interim Component Settlement based on costs	_	Prospective Ad Total Prospective	•	
Prior Provider Prospective data	_	Total Flospecti	ve with inter	im Component
Basis:	Changage			
Dasis.	Changes:			
Budget	Lie	censure Rating Change	e	
X Unaudited costs		ual and Customary Li		
Field audited costs		rget Rate limitation ch	nange	
Field audit - interim portion	FF	RVS Change		
Desk audited costs Desk audit - Interim Portion	Ra	te Semester Change		
Desk Audit - Prospective portion		FRV [2] as of 10/14/	1991	
Distribution:		Thomas Pai	rker	
Contract Management / Fiscal Agent	Medica	id Cost Reimburseme		nd Finance
Permanent File	Wicaica	id Cost Reimodisemen	it i idilililig d	na i manec
For information Only		ZLZ	20	
No Change in Rate			-	
Home Office: Brookdate Senior Living, Inc.]	
Russ Bellora				
111 Westwood Place, Ste. 400 Brentwood TN 37027				
Dieniwood 1N 3/02/				



Baya Pointe Nursing and Rehabilitation Center		Provider Number:	0 308111-00
587 S.E. ERMINE AVE		Date:	1/9/2014
Lake City FL 32025		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 217.82	New Rate 220.68	Effective Date 1/1/2014
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	re Rating Change and Customary Limitatio Rate limitation change Change mester Change 7 [2] as of 01/25/1994	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: Health Care Managers, Inc Ivonne Burrell 2380 Sadler Road Suite 201 Fernandina Beach FL 32034			



Hebrew Home of South Beach			Provider Number:	0 308242-00
320 Collins Ave.			Date:	1/9/2014
Miami Beach FL 33139			Fiscal Year End:	8/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	<u>-</u>	Current Rate 229.15	New Rate 232.91	Effective Date 1/1/2014
Rate Type :				
	v	Durana		
Interim Total Interim	X	Prospectiv X	Total Prospective	
Interim Component			Prospective Adjusted	for New Costs
Settlement based on costs			Total Prospective with	
Prior Provider Prospective data			100011100p000110 (1100	
Basis:	Changes	:		
Budget		Licensur	e Rating Change	
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	X		nester Change	
Desk Audit - Prospective portion		On FRV	[2] as of 10/01/1985	
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			2 22 4	
For information Only		2	L-DU	>
No Change in Rate		100		
Home Office: Hebrew Home Management	Services			
Steve Beaujon 1800 NE 168th Street, Suite	200			
Miami Beach FL 33162				



Ponce Plaza Nursing & Rehab Cer	ter		Provi	der Number:	0 308251-00
355 SW 12th Avenue				Date:	1/9/2014
Miami FL 33130			Fisca	l Year End:	1/31/2013
			1	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single I	.evel	Curr Ra 23 9	rent te	New Rate 240.96	Effective Date 1/1/2014
Interim Total Interim Interim Comp Settlement ba Prior Provide		X Pro	Prospec	ospective tive Adjusted 1 ospective with	for New Costs Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim por Desk audit - Interim Por Desk Audit - Prospectiv	tion	Us Ta FI X Ra	censure Rating sual and Custon arget Rate limit RVS Change ate Semester Change	mary Limitatio ation change hange	n
Steve 1800	I Agent Tew Home Management Server Beaujon NE 168th Street, Suite 200 ni Beach FL 33162		id Cost Reimb	nas Parker ursement Plani	ning and Finance



The Allegro at College Harbor		Provider Number:	0 309800-00
4600 54th Avenue South		Date:	1/9/2014
St. Petersburg Fl 33711		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tuan suus.	
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	241.25	243.61	1/1/2014
Rate Type : Interim	X Prospectiv	ve	
Total Interim		Total Prospective	2. 17. 6
Interim Component Settlement based on costs		Prospective Adjusted Total Prospective with	
Prior Provider Prospective data		Total Prospective with	i Interim Component
	Character		
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	- N . C	, CI	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 08/20/1999	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Madigaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	Wiedleald Cos	t Reimoursement i ian	ming and I manee
For information Only	-7	120	2
No Change in Rate	2		
Home Office: 1 - No Home Office			



ATLANTIC HEALTHCARE CENTER		Provider Number:	0 310581-00
3663 15th Avenue		Date:	1/9/2014
Vero Beach FL 32960		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 192.16	New Rate 195.97	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	X Prospect	ve Total Prospective Prospective Adjusted a 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 and Customary Limitation Rate limitation change Change mester Change [2] as of 09/01/2004	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L-DC	_
Home Office: Lyric Health Care Timothy J Trybus 7150 Columbia Gateway Driv Columbia MD 21046	ve Suite J		



St. Mark Village, Inc.		Provider Number:	0 310841-00
2655 Nebraska Avenue		Date:	1/9/2014
Palm Harbor FL 34684		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		riddit Status.	Onadanoa [5]
V F	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	218.34	206.57	1/1/2014
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:		
Dudget	Licensur	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 Desk Audit - Prospective portion		nester Change [2] as of 08/15/2005	
Distribution:	OllTRV		
Contract Management / Fiscal Agent		Thomas Parker	_
Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only	i propies	11-00	2
No Change in Rate	2	L-DC	
Home Office: 1 - No Home Office			



Eagle Lake Rehab & Care Center		Provider Number:	0 311065-00
1100 66th Street North		Date:	1/9/2014
St. Petersburg FL 33710		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 207.53	New Rate 210.37	Effective Date 1/1/2014
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 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 07/01/1987	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: Traditions Management of Flo 24641 US Highway 19 North Clearwater FL 33763	rida, LLC		



South Pointe Plaza			Provider Number:	0 311308-00
42 Collins Avenue			Date:	1/9/2014
Miami Beach FL 33139			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Le	vel	Current Rate 195.53	New Rate 196.89	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim CompoSettlement basePrior Provider I	nent		re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	-	anges:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective	on	Usual and Target Ra FRVS Cl	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 04/01/1997	n
Distribution:			Thomas Parker	
Contract Management / Fiscal A	Agent -	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information Only No Change in Rate			L DE	_
Steve E 1800 N	w Home Management Services Beaujon E 168th Street, Suite 200 Beach FL 33162			



Life Care Center of Punta Gorda		Provider Number:	0 311685-00
450 Shreve Street		Date:	1/9/2014
Punta Gorda FL 33950		Fiscal Year End:	2/28/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 235.77	New Rate 234.95	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospec	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 Target FRVS X Rate S	sure Rating Change and Customary Limitation Rate limitation change Change emester Change EV [2] as of 07/29/2005	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid C	Cost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL ZL	_
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



SandalWood Nursing Center		Provider Number:	0 312045-00
1001 South Beach Street		Date:	1/9/2014
Daytona Beach FL 32114		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 208.78	New Rate 198.09	Effective Date 1/1/2014
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	Usual a	ure Rating Change and Customary Limitatio Rate limitation change	on
Field audit-costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	FRVS X Rate Se	Change emester Change V [2] as of 08/01/1999	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	ost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		el De	
Home Office: Cardinal Resources, LLC 16 Norcross Street Roswell GA 30075			



LakeWood Nursing Center		Provider Number:	0 312142-00
100 North Lake Street	-	Date:	1/9/2014
Crescent City FL 32112	_	Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.00	New Rate 207.54	Effective Date 1/1/2014
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 ar Target R FRVS C	re Rating Change and Customary Limitation tate limitation change Thange mester Change [2] as of 11/15/2001	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: 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: 1/9/2014	4
Cross City FL 32628	Fiscal Year End: 9/30/201	2
	Audit Status: Unaudited	[3]
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 196.97 200.09 1/1/2014	
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	ent
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 07/01/1999	
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance	—
Permanent FileFor information OnlyNo Change in Rate	ZL-De	
Home Office: CNH, LLC 46 Third Street NW Hickory NC 28601		



CrestWood Nursing Center				Provider Number:	0 312274-00
501 South Palm Avenue				Date:	1/9/2014
Palatka FL 32177				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	igle Level	_	Current Rate 187.03	New Rate 184.85	Effective Date 1/1/2014
Rate Type :					
Settlem	nterim Component ent based on costs rovider Prospective data	X	Prospectiv X	Total Prospective Prospective Adjusted a Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited cost Field audit - inter 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 11/15/2001	n
Distribution:	J			Thomas Parker	
Contract Management Permanent File For information No Change in R	Only	Me		t Reimbursement Plan	
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 Avenue		Date:	1/9/2014
West Palm Beach FL 33401		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 239.03	New Rate 210.34	Effective Date 1/1/2014
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		Total Prospective with	i interim Component
	Chaman		
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 hange nester Change [2] as of 01/26/1995	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Modionid Con	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate			
Home Office: Senior Living Management Co John Panskoy 4661 Johnson Road, Suite 7 Coconut FL 33073	rporation		



Southlake Nursing and Rehabilitation	n Center			Provider Number:	0 312371-00
10680 Old St. Augustine Road				Date:	1/9/2014
Jacksonville FL 32257				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Le	vel		Eurrent Rate 228.73	New Rate 225.74	Effective Date 1/1/2014
Interim Total Interim Interim Comport Settlement base Prior Provider P	d on costs	XI		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Tospective data	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective p	on	X	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitation the limitation change hange lester Change [2] as of 10/01/1985	n
Distribution:				Thomas Parker	
Contract Management / Fiscal A	Agent	Med	icaid Cost	Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate			Z	120	<u>)</u>
199 N.E	rin Health Group E. 89th Street al FL 33138				



Savannah Cove of Maitland		Provider Number:	0 312550-00
1301 W. Maitland Blvd		Date:	1/9/2014
Maitland FL 32751		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 186.66	New Rate 207.38	Effective Date 1/1/2014
[D / T			
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs	Changes: Licensur	Total Prospective Prospective Adjusted of Total Prospective with Rating Change d Customary Limitation	Interim Component
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	FRVS C	ate limitation change hange	
Desk Audit - Prospective portion	On FRV	[2] as of 06/16/1995	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	LDE	>
Home Office: Senior Living Management C John Panskoy 4661 Johnson Road, Suite 7 Coconut FL 33073	orporation		



Children's Comprehensive Care Center		Provider Number:	0 312789-00
200 S.E. 19th Avenue		Date:	1/9/2014
Pompano Beach FL 33060		Fiscal Year End:	7/31/2013
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	256.90	260.33	1/1/2014
Level U: Fragile Under 21	531.43	538.23	1/1/2014
Rate Type: InterimTotal InterimInterim Component Settlement based on costs Prior Provider Prospective data Basis:BudgetBudget	Changes: Licensure Usual and	e Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation	n Interim Component
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	FRVS CI X Rate Sem	_	
Distribution:		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: Broward Children's Center, Inc. Hanna Pasniewski 200 SE 19th Avenue Pompano Beach FL 33072			



Hollywood Hills Rehabilitation Center, LLC		Provider Number:	0 313424-00
1200 N 35th Avenue		Date:	1/9/2014
Hollywood FL 33021		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 224.89	New Rate 223.16	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim Component Settlement based on costs	P	otal Prospective rospective Adjusted for the 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 Rat FRVS Cha	Rating Change Customary Limitation change ange ester Change 2] as of 10/01/1985	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Cost	Reimbursement Plan	ning and Finance
For information Only No Change in Rate	Z	LRE	·
Home Office: Herlee, Inc Harold Mandelbaum 1201 North 37th Street Hollywood FL 33021			



Lutheran Haven Nursing Home		Provider Number:	0 313718-00
2041 W. State Rd. 426		Date:	1/9/2014
Oviedo Fl 32765		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		1 I I I I I I I I I I I I I I I I I I I	
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	201.58	203.90	1/1/2014
Rate Type :			
Interim	X Prospective		
Total Interim		Total Prospective	for Nov. Coata
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 [2] as of 12/16/2005	
Desk Audit - Prospective portion Distribution:	On FRV	[2] as of 12/16/2005	
		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only		. 7	2
No Change in Rate	Z	L-20	
		A CONTRACTOR OF THE CONTRACTOR	
Home Office: 1 - No Home Office			



Life Care Center of Pensacola		Provider Number:	0 315664-00
3291 East Olive Road		Date:	1/9/2014
Pensacola FL 32514		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 218.71	New Rate 213.05	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospectiv	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 06/01/2006	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: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Westwood Health Care Center		Provider Number:	0 316075-00
1001 Mar Walt Drive		Date:	1/9/2014
Ft. Walton Beach FL 32457		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 218.02	New Rate 221.19	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospect X	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 a Target	nre Rating Change nd Customary Limitatio Rate limitation change Change mester Change	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Brookdale Senior Living, Inc. Russ Bellora		Thomas Parker est Reimbursement Plant	
111 Westwood Place, Ste. 400 Brentwood TN 37027			



Desoto Health & Rehab		Provider Number:	0 316229-00
1002 North Brevard Avenue		Date:	1/9/2014
Arcadia FL 34266		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onduction [3]
- J. P. C.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	252.32	240.92	1/1/2014
Rate Type :	V. Progracti		
Interim Total Interim	X Prospectiv	Total Prospective	
Interim Component		Prospective Adjusted f	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective dat	a ———	•	•
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 Desk Audit - Prospective portion		nester Change [2] as of 09/01/1986	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plani	ning and Finance
Permanent File			Č
For information Only	Z	L-DC	>
No Change in Rate			
Home Office: Anchor Management			
Phil Castleberg			
1344 Longhill Drive Apopka FL 32712			
трорка II 32/12			



Laurellwood Nursing Center, Inc.		Provider Number:	0 316628-00
3127 - 57th Avenue North		Date:	1/9/2014
St. Petersburg FL 33714		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 192.69	New Rate 177.99	Effective Date 1/1/2014
Rate Type: InterimTotal Interim	X Prospect	Total Prospective	San Navy Canta
Interim Component Settlement based on costs Prior Provider Prospective data		Prospective Adjusted a 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 [2] as of 06/01/1996	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		st Reimbursement Plan	_
Home Office: Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619			



HarbourWood Nursing Center, Inc.		Provider Number:	0 316636-00
2855 Gulf to Bay Boulevard, Building #31		Date:	1/9/2014
Clearwater FL 33759		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 208.03	New Rate 215.67	Effective Date 1/1/2014
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	Usual ar	Total Prospective Prospective Adjusted to Total Prospective with Tetal Prospective with The Rating Change and Customary Limitation Change	Interim Component
Desk audit - Interim Portion Desk Audit - Prospective portion		mester Change 7 [2] as of 07/03/1996	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		IL DE	_
Home Office: Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619			



GraceWood Nursing Center, Inc.	Provider Number: 0 316644-00	
8600 U.S. Highway 19 North	Date: 1/9/2014	
Pinellas Park FL 33782	Fiscal Year End: 5/31/2013	
	Audit Status: Unaudited [3]	
Provider Type: Nursing Home Single Level	Current New Effective Rate Rate Date 187.60 179.61 1/1/2014	
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 08/01/1998	
<u>Distribution:</u>	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance	
Permanent FileFor information OnlyNo Change in Rate	21-20	
Home Office: Senior Care Group, In Kathy Chudow 1240 Marbella Plaza D Tampa FL 33619		



BayWood Nursing Center, Inc			Provider Number:	0 316652-00
2000 17th Avenue South			Date:	1/9/2014
St. Petersburg FL 33712			Fiscal Year End:	5/31/2013
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	R	rrent ate (8.99	New Rate 184.63	Effective Date 1/1/2014
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	Changes:	T T icensure	Total Prospective rospective Adjusted of the Prospective with Rating Change Customary Limitation change	n Interim Component
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion			ester Change 2] as of 12/01/2005	
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent	Medic	aid Cost	Reimbursement Plan	ning and Finance
Permanent File For information Only No Change in Rate		Z	l De	·
Home Office: Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619				



The Nursing Center at Freedom Village		Provider Number:	0 317195-00
6410 21st Avenue West		Date:	1/9/2014
Bradenton FL 34209		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 201.75	New Rate 202.25	Effective Date 1/1/2014
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 ar Target F FRVS C X Rate Ser	re Rating Change and Customary Limitation Rate limitation change Change mester Change [2] as of 06/23/1989	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	_
Home Office: Brookdale Senior Living, Inc. Russ Bellora 111 Westwood Place, Ste. 400 Brentwood TN 37027			



Darcy Hall of Life Care		Provider Number:	0 317349-00
2170 Palm Beach Lakes Blvd.		Date:	1/9/2014
West Palm Beach FL 33409		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Ontactiva [5]
J.F.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	219.67	220.47	1/1/2014
Rate Type :			
Interim	X Prospective		
Total Interim	<u>X</u>	Total Prospective	San Name Canta
Interim Component Settlement based on costs		Prospective Adjusted for Total Prospective with	
Prior Provider Prospective data		Total Flospective with	i internii Component
	Chamman		
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 Desk Audit - Prospective portion		nester Change [2] as of 07/01/1990	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	M 1' '10		' 15'
Permanent File	Medicaid Cos	t Reimbursement Plani	ning and Finance
For information Only		120	>
No Change in Rate	2	- all	
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:	1/9/2014
Gainesville FL 32601		Fiscal Year End:	3/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 233.93	New Rate 233.13	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospect	ive 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 a Target I FRVS 0 X Rate Se	nre Rating Change and Customary Limitation Rate limitation change Change Emester Change V [2] as of 09/01/1987	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	ost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		el De	Č
Home Office: Hallmark Accounting Jacob Karmel 368 New Hempstead Road #3 New City NY 10956	09		



Williston Rehabilitation and Nursing Cen	er		Provider Number:	0 317586-00
300 N.W. 1st Ave.			Date:	1/9/2014
Williston FL 32696			Fiscal Year End:	3/31/2013
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 236.30	New Rate	Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement based on			e Total Prospective Prospective Adjusted t Total Prospective with	
Prior Provider Prosp 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		Usual and Target R FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/2006	on
Distribution: Contract Management / Fiscal Agen Permanent File For information Only No Change in Rate	·		Thomas Parker t Reimbursement Plans	_
Home Office: Hallmark A Jacob Karmo 368 New He New City N	el mpstead Road #309			



Community Health and Rehab Center		Provider Number:	0 318779-00
3611 Transmitter Road		Date:	1/9/2014
Panama City FL 32404		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tiour Status.	
J.F.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	206.31	208.95	1/1/2014
Rate Type:	X Prospectiv	e	
Total Interim		Total Prospective	
Interim Component	<u> </u>	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 Ra FRVS CI	e Rating Change d Customary Limitation the limitation change hange hester Change [2] as of 11/04/1997	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			



Citrus Gardens of Fort Myers		Provider Number:	0 318787-00
7173 Cypress Drive Southwest		Date:	1/9/2014
Fort Myers FL 33907		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Onadated [5]
-10,1301 -JP01	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	190.27	195.44	1/1/2014
Rate Type: Interim	X Prospectiv		
Total Interim Interim Component		Total Prospective Prospective Adjusted 1	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		Town Prospective with	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	N Data Can	on the Change	
Desk Audit - Prospective portion		nester Change [2] as of 01/01/1987	
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			
Home Office: 1 - No Home Office			



The Court at Palm-Aire		Provider Number:	0 318795-00
2701 North Course Drive		Date:	1/9/2014
Pompano Beach FL 33069		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 237.57	New Rate 241.26	Effective Date 1/1/2014
Rate Type:			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget	X Prospect X Changes:	Total Prospective Prospective Adjusted: Total Prospective with	
X Unaudited costs Field audited costs Field audit - interim portion		nd Customary Limitatio Rate limitation change Change	n
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		mester Change V [2] as of 04/28/1994	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	est Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Ž	L RE	>
Home Office: FiveStar Quality Care Inc 400 Centre Street Newton MA 02458			



Palmer Ranch Healthcare and Rehabilitation		Provider Number:	0 319244-00
5111 Palmer Ranch Parkway		Date:	1/9/2014
Sarasota Fl 34238		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 250.28	New Rate 259.14	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	P	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 Rat FRVS Cha	Rating Change Customary Limitatio e limitation change unge ster Change 2] as of 06/01/2000	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Reimbursement Plans	
Home Office: Emeritus Senior Living 3131 Elliott Avenue, Seattle WA 98121			



Port Charlotte Rehabilitation Center		Provider 1	Number:	0 319325-00
25325 Rampart Blvd			Date:	1/9/2014
Port Charlotte FL 33983		Fiscal Ye	ar End:	12/31/2012
			t Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curr Ra 231	rent Nev te Rate	v e	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	XPro		Adjusted f	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	Us FI	censure Rating Chasual and Customary arget Rate limitation RVS Change at the Semester Change of FRV [2] as of 05/	Limitation change	n
Distribution:		Thomas	Parker	
Contract Management / Fiscal Agent	Medica	id Cost Reimburse		ning and Finance
Permanent FileFor information OnlyNo Change in Rate		Z		
Home Office: SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwes Atlanta GA 30327	t			



Harbour Health Center		Provider Number:	0 319333-00
23013 Westchester Boulevard		Date:	1/9/2014
Port Charlotte FL 33980		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 218.93	New Rate 220.82	Effective Date 1/1/2014
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	Usual ar	Total Prospective Prospective Adjusted a Total Prospective with re Rating Change and Customary Limitation Cate limitation change	Interim Component
Desk audit - Interim Portion Desk Audit - Prospective portion		mester Change [2] as of 11/01/2000	
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: Brookdale Senior Living, Inc. Russ Bellora 111 Westwood Place, Ste. 400 Brentwood TN 37027			



Atrium Healthcare Center		Provider Number:	0 319376-00
9960 Atrium Way		Date:	1/9/2014
Jacksonville FL 32225		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 209.36	New Rate	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospec	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 Target FRVS X Rate S	sure Rating Change and Customary Limitation Rate limitation change Change Emester Change LV [2] as of 09/13/1996	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid C	Cost Reimbursement Plant	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL-DE	
Home Office: Brookdale Senior Living, Inc. Russ Bellora 111 Westwood Place, Ste. 400 Brentwood TN 37027			



Zephyr Haven Health & Ro	ehab Center, Inc.			Provider Number:	0 320391-00
38250 A Avenue				Date:	1/9/2014
Zephyrhills FL 33542				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ingle Level	_	Current Rate 204.16	New Rate 201.69	Effective Date 1/1/2014
Rate Type :					
Interim Total Interic	Interim m Component ment based on costs Provider Prospective data	<u> </u>		Total Prospective Prospective Adjusted total Prospective with	
	erim portion	Changes	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 06/28/1989	n
Distribution:				Thomas Parker	
Contract Managemen	t / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in	•		2	L DE	>
Home Office:	Adventist Care Centers				
	602 Courtland Street, Suite 20 Orlando FL 32804	00			



Zephyrhills Health & Rehab	Center, Inc.			Provider Number:	0 320404-00
7350 Dairy Road Zephyrhills FL 33540				Date:	1/9/2014
Zephymms PL 33340				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	gle Level	_	Current Rate 201.86	New Rate 201.85	Effective Date 1/1/2014
Rate Type: Interim Total In Interim	nterim Component	X		re Total Prospective Prospective Adjusted f	for New Costs
	ent based on costs ovider Prospective data	Changes		Total Prospective with	Interim Component
Budget X Unaudited costs Field audited costs Field audit - interi Desk audited costs 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 06/23/1998	n
Distribution:				Thomas Parker	
Contract Management / Permanent File	-	M		t Reimbursement Plani	-
For information (•		Z	L-DC	·
Home Office:	Sunbelt Health Care Centers Kevin Sadler 602 Courtland Street Orlando FL 32804	,Inc.			



Sunbelt Health & Rehab Center - Apopka, Inc.		Provider Number:	0 320412-00
305 E. Oak Street		Date:	1/9/2014
Apopka FL 32703		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 207.98	New Rate	Effective Date 1/1/2014
Nursing nome Single Level	207.98	210.57	1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data Basis:BudgetX Unaudited costs		ve Total Prospective Prospective Adjusted to Total Prospective with	Interim Component
Field audited costs Field audit - interim portion		Rate limitation change	
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Se	mester Change 7 [2] as of 02/09/1993	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plant	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	2	I DE	· —
Home Office: Sunbelt Health Care Center Kevin Sadler 602 Courtland Street Orlando FL 32804	rs,Inc.		



East Orlando Health & Rehab Center, Inc.		Provider Number:	0 320421-00
250 S. Chickasaw Trail		Date:	1/9/2014
Orlando FL 32825		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	R	rrent New Rate	Effective Date 1/1/2014
D (T			
Rate Type:			
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospectiv Basis: Budget	data Changes:	ospective X Total Prospective Prospective Adjusted Total Prospective wi	d for New Costs th Interim Component
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	F	Usual and Customary Limitat Carget Rate limitation change FRVS Change	
Desk Audit - Prospective portion		On FRV [2] as of 02/08/1993	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medic	eaid Cost Reimbursement Pla	unning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL DE	
Home Office: Sunbelt Health Kevin Sadler 602 Courtland S Orlando FL 3280			



Adventist Care Centers - Courtland, I	nc.		Provider Number:	0 320439-00
730 Courtland Street			Date:	1/9/2014
Orlando Fl 32804			Fiscal Year End:	12/31/2012
			Audit Status:	Unaudited [3]
Provider Type:			Audit Status.	Ondudited [3]
- J. P. C.		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Lev	vel	213.13	216.49	1/1/2014
Rate Type :				
Interim		X Prospectiv	e	
Total Interim			Total Prospective	
Interim Compor			Prospective Adjusted	
Settlement based Prior Provider P			Total Prospective with	Interim Component
		_		
Basis:		hanges:		
Budget		Licensur	e Rating Change	
X Unaudited costs	-		d Customary Limitatio	on
Field audited costs			ate limitation change	
Field audit - interim portio	n	FRVS C	hange	
Desk audited costs	_			
Desk audit - Interim Portio Desk Audit - Prospective p			nester Change [2] as of 07/27/2000	
Distribution:			Thomas Parker	
Contract Management / Fiscal A	gent	M 1: :10		' 1P'
Permanent File		Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only		~~2	120	>
No Change in Rate		2	- XC	
Home Office: Advent	ist Care Centers			
	ortland Street, Suite 200 FL 32804			



Florida Living Nursing Cen	ter			Provider Number:	0 320463-00
3355 E. Semoran Blvd.				Date:	1/9/2014
Apopka FL 32703				Fiscal Year End:	7/31/2013
				Audit Status:	Unaudited [3]
Provider Type:					033300000000000000000000000000000000000
V 1			Current	New	Effective
N . H . C.		_	Rate	Rate	Date
Nursing Home Sin	ngle Level	_	220.81	228.46	1/1/2014
Rate Type:		V	December		
Interim Total I	ntarim	<u>X</u>	Prospectiv X	Total Prospective	
	n Component			Prospective Adjusted	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 Desk audit - Inter		<u> X</u>	- Doto Com	acetar Change	
Desk Audit - Pros		A		nester Change [2] as of 08/24/1989	
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	M	edicaid Cos	t Reimbursement Plani	ning and Finance
Permanent File	0.1				
For information			2	L-DE	>
No Change in R	ate				
Home Office:	Sunbelt Health Care Center Kevin Sadler 602 Courtland Street	s,Inc.			
	Orlando FL 32804				



Lehigh Acres Health & Rehabilitation Center		Provider Number:	0 320978-00
1550 Lee Boulevard		Date:	1/9/2014
Lehigh Acres FL 33936		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 249.87	New Rate 248.29	Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	1	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 ester Change [2] as of 05/01/1995	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plani	ning and Finance
Permanent File For information Only No Change in Rate		120	
Home Office: Greystone Healthcare Manage 4042 Park Oaks Blvd, Suite 30 Tampa FL 33610			



Ft. Lauderdale Health & Rehab Center		Provider Number:	0 321303-00
2000 E. Commercial Blvd.		Date:	1/9/2014
Ft. Lauderdale FL 33308		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 233.78	New Rate 230.42	Effective Date 1/1/2014
Rate Type :			
Interim	X Prospective		
Total Interim	X	Total Prospective	for Now Coata
Interim Component Settlement based on costs		Prospective Adjusted : Total Prospective with	
Prior Provider Prospective data		Total Prospective with	i interim Component
Basis:	Changes:		
	T :	Dating Change	
Budget X Unaudited costs		e Rating Change	
Field audited costs		d Customary Limitation ate limitation change	on
	FRVS C	=	
Field audit - interim portion Desk audited costs		nunge	
Desk audited costs Desk audit - Interim Portion	X Rate Ser	nester Change	
Desk Audit - Prospective portion		[2] as of 07/01/2007	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File	Micaicaia Cos	a remograciment i idii	iiiig and i manec
For information Only	~	120	>
No Change in Rate	2	- CLE	
Home Office: 1 - No Home Office			
Home Office: 1 - No Home Office			



The Palms Rehabilitation and Nursing Center		Provider Number:	0 321532-00
3370 NW 46th Terrace		Date:	1/9/2014
Lauderdale Lakes FL 33319		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 244.32	New Rate 239.21	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospectiv	Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion	Usual an	e Rating Change d Customary Limitatic ate limitation change hange	on
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 01/01/1994	
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: Hallmark Accounting Jacob Karmel 368 New Hempstead Road #30 New City NY 10956	09		



Coral Gables Nursing and Rehabilitation		Provider Number:	0 323772-00
7060 SW 8th Street		Date:	1/9/2014
Miami FL 33144		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onadated [5]
-JPS	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	221.83	225.04	1/1/2014
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		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs		. di	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 11/01/1988	
Distribution:		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			



Tarpon Point Nursing and Rehabilitation Center		Provider Number:	0 323781-00
5157 Park Club Drive		Date:	1/9/2014
Sarasota FL 34235		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 236.08	New Rate 239.30	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospecti	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 a Target I FRVS 0 X Rate Se	re Rating Change and Customary Limitation Rate limitation change Change mester Change 7 [2] as of 07/27/1990	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	120	· —
Home Office: Preferred Care, Inc. 5420 West Plano Parkway Plano TX 75093			



St. Andrew's Bay Skilled Nursing and Rehabilitatio		Provider Number:	0 323799-00
2100 Jenks Avenue		Date:	1/9/2014
Panama City FL 32405		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 217.09	New Rate 220.97	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospecti	ve Total Prospective Prospective Adjusted a 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 nd Customary Limitatio Rate limitation change Change mester Change 7 [2] as of 01/01/2000	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		IL DE	_
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:	1/9/2014
North Miami Beach FL 33169		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tadar Status.	
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	250.71	<u>247.25</u>	1/1/2014
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:		
Dudget	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 Desk Audit - Prospective portion		nester Change [2] as of 01/03/1991	
Distribution:	OnTRV		
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only	ومعددا	11-00	2
No Change in Rate	2	L-DC	
Home Office: 1 - No Home Office			



Advanced Rehabilitation & Health Center		Provider Number:	0 324094-00
401 FAIRWOOD AVENUE		Date:	1/9/2014
Clearwater FL 33759		Fiscal Year End:	2/28/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 240.47	New Rate 235.71	Effective Date 1/1/2014
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 an Target R FRVS C X Rate Ser	re Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 02/01/2000	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	et Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	Č
Home Office: Hallmark Accounting Jacob Karmel 368 New Hempstead Road #3 New City NY 10956	09		



Bayside Rehabilitation & Health Center 811 Jackson Street North St. Petersburg FL 33705 Provider Type: Nursing Home Single Level		Current Rate 265.20	Provider Number: Date: Fiscal Year End: Audit Status: New Rate 257.23	0 324108-00 1/9/2014 2/28/2013 Unaudited [3] Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data			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	Changes: X	Usual and Target R. FRVS C.	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/2001	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Hallmark Accounting Jacob Karmel 368 New Hempstead Road #309 New City NY 10956		licaid Cos	Thomas Parker t Reimbursement Plant	



Excel Rehabilitation & Health Center		Provider Number:	0 324116-00
2811 Campus Hill Drive		Date:	1/9/2014
Tampa FL 33612		Fiscal Year End:	2/28/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 235.25	New Rate 236.24	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	X Prospectiv	ve Total Prospective Prospective Adjusted to the 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	re Rating Change and Customary Limitation ate limitation change thange mester Change [2] as of 05/15/1995	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LDE	Č
Home Office: Hallmark Accounting Jacob Karmel 368 New Hempstead Road #3 New City NY 10956	09		



Madison Pointe Rehabilitation & Health Center		Provider Number:	0 324124-00
6020 Indiana Avenue		Date:	1/9/2014
New Port Richey FL 34653		Fiscal Year End:	2/28/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 231.36	New Rate 228.95	Effective Date 1/1/2014
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 Limitation ate limitation change hange nester Change [2] as of 12/01/1995	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: Hallmark Accounting Jacob Karmel 368 New Hempstead Road #30 New City NY 10956	09		



Shore Acres Rehabilitation	& Health Center			Provider Number:	0 324132-00
4500 Indianapolis Street, NI	Ε			Date:	1/9/2014
St. Petersburg FL 33703				Fiscal Year End:	2/28/2013
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	_	Current Rate 235.84	New Rate 233.91	Effective Date 1/1/2014
Rate Type:		X	Prospectiv	ve	
Total I			X	Total Prospective	
	Component			Prospective Adjusted	
	nent based on costs			Total Prospective with	Interim Component
Prior P	rovider Prospective data				
Basis:		Changes	:		
					
Budget			_	e Rating Change	
X Unaudited costs	4			d Customary Limitatio ate limitation change	n
Field audited cos		-	FRVS C	•	
Field audit - inter Desk audited cost		-	-	nange	
Desk audit - Inter		X	Rate Sen	nester Change	
Desk Audit - Pros		-		[2] as of 01/01/1993	
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent		adiaaid Caa		ning and Einange
Permanent File		IVIG	edicald Cos	t Reimbursement Plan	ming and rinance
For information	Only		~~~	11-00	2
No Change in R	ate		2	L-DE	
	Hallmark Accounting				
Home Office:	Jacob Karmel				
	368 New Hempstead Road #30)9			
	New City NY 10956				



Woodbridge Rehabilitation & Health Center		Provider Number:	0 324141-00
8720 Jackson Springs Road		Date:	1/9/2014
Tampa FL 33615		Fiscal Year End:	2/28/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 232.93	New Rate 236.23	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		re 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 X Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 09/01/1994	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	Č
Home Office: Hallmark Accounting Jacob Karmel 368 New Hempstead Road #3 New City NY 10956	09		



Ocoee Health Care Facility		Provider Number:	0 324159-00
1556 Maguire Road		Date:	1/9/2014
Ocoee FL 34761		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	Onadared [5]
- J. P. S.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	226.97	224.52	1/1/2014
Rate Type :			
Interim	X Prospectiv		
Total Interim		Total Prospective	Com Morri Comta
Interim Component Settlement based on costs		Prospective Adjusted to Total Prospective with	
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 08/16/1990	
Distribution:	On TRV		
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-DE	
Home Office: 1 - No Home Office			
Home Office: 1 - No Home Office			



Palmetto Rehabilitation and Health Center		Provider Number:	0 324167-00
6750 West 22nd Court		Date:	1/9/2014
Hialeah FL 33016		Fiscal Year End:	2/28/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 254.21	New Rate 249.88	Effective Date 1/1/2014
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 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 09/02/1987	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	Č
Home Office: Hallmark Accounting Jacob Karmel 368 New Hempstead Road #3 New City NY 10956	09		



Courtyards of Orlando		Provider Number:	0 324175-00
1900 Mercy Drive		Date:	1/9/2014
Orlando FL 32808		Fiscal Year End:	2/28/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 218.83	New Rate 214.68	Effective Date 1/1/2014
Rate Type: Interim Total Interim		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 10/01/1991	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: 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 Road		Date:	1/9/2014
Avon Park FL 33825		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Addit Status.	Onaddited [5]
Trovider Types	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	198.12	194.10	1/1/2014
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 01/01/1986	
<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	100		
Home Office: 1 - No Home Office			



Seminole Pavilion Rehabilitation & Nursing Service		Provider Number:	0 324230-00
10800 Temple Terrace		Date:	1/9/2014
Seminole FL 33772		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 207.36	New Rate 211.28	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospec X	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 07/01/1988	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid C	ost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL ZL	_
Home Office: Brookdale Senior Living, Inc. Russ Bellora 111 Westwood Place, Ste. 400 Brentwood TN 37027			



Freedom Square Rehabilitation & Nursing Services		Provider Number:	0 324248-00
10801 Johnson Blvd.		Date:	1/9/2014
Seminole Fl 33772		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curre Rate 207.	nt New Rate	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs		pective X Total Prospective Prospective Adjusted Total Prospective wit	for New Costs h 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	Usu Tar; FR' X Rate	ensure Rating Change al and Customary Limitation get Rate limitation change VS Change e Semester Change FRV [2] as of 02/19/2002	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information Only	Medicaio	Cost Reimbursement Plan	
Mo Change in Rate Home Office: Brookdale Senior Living, Inc. Russ Bellora 111 Westwood Place, Ste. 400			
Brentwood TN 37027			



Heritage Park Care and Rehabil	itation Center			Provider Number:	0 324345-00
2302 59th Street West				Date:	1/9/2014
Bradenton FL 34209				Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single	e Level		Current Rate 204.77	New Rate 206.79	Effective Date 1/1/2014
Rate Type : Interim Total Inter	im	X	Prospectiv X	e Total Prospective	
Interim Co	omponent			Prospective Adjusted to	for New Costs
Settlement	based on costs			Total Prospective with	Interim Component
Prior Prov	ider Prospective data				
Basis:		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 08/31/1994	n
Distribution:				Thomas Parker	
Contract Management / Fi	scal Agent	Mac	licaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		WICC	neura cos	t Kennoursement Flam	ming and I manee
For information Onl No Change in Rate	у		Z	1-20	>
Ju 12	ignature Healthcare LLC lie Kleiser 201 Bluegrass Parkway ouisville KY 40299				



Washington Rehabilitation & Nursing Center		Provider Number:	0 324353-00
879 Usery Road		Date:	1/9/2014
Chipley FL 32428		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.02	New Rate 207.78	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospection 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 Rate limitation change Change mester Change [2] as of 12/31/2001	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: 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:	1/9/2014
Defuniak Springs FL 32435		Fiscal Year End:	7/31/2012
		Audit Status:	: Unaudited [3]
Provider Type: Nursing Home Single Level	Curr Ra 20 2		Effective
Rate Type:	X Pro	spective	
Total Interim		X Total Prospective	
Interim Component	_	Prospective Adjuste	
Settlement based on costs	_	Total Prospective w	ith 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: Ta FI	censure Rating Change sual and Customary Limita arget Rate limitation change RVS Change ate Semester Change a FRV [2] as of 03/01/1989	2
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medica	id Cost Reimbursement Pla	
Permanent FileFor information OnlyNo Change in Rate		ZL-DE	_
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:	1/9/2014
Fort Myers FL 33919-5146		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 210.87	New Rate 213.15	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospect	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	nre Rating Change and Customary Limitatio Rate limitation change Change mester Change 7 [2] as of 08/31/1994	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	est Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	_
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Signature HealthCARE of Gainesville		Provider Number:	0 324388-00
4000 South West 20th Avenue		Date:	1/9/2014
Gainesville FL 32607		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 199.31	New Rate 202.45	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective of	<u> </u>	re Total Prospective Prospective Adjusted for 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 03/08/2004	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	LDE	· —
Home Office: Signature Healthca Julie Kleiser 12201 Bluegrass Pa Louisville KY 4029	rkway		



Signature Healthcare of North Florida		Provider Number:	0 324396-00
1083 Sanders Avenue		Date:	1/9/2014
Graceville FL 32440		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curre Rate 195.	nt New Rate	Effective Date 1/1/2014
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	Changes: Lice Usu Targ FRV	Prospective Adjusted Total Prospective with musure Rating Change al and Customary Limitation get Rate limitation change VS Change	h Interim Component
Desk audit - Interim Portion Desk Audit - Prospective portion		e Semester Change FRV [2] as of 06/28/1991	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaio	Cost Reimbursement Plan	nning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL DE	_
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Signature HealthCARE Center of Waterford		Provider Number:	0 324400-00
8333 W. Okeechobee Road		Date:	1/9/2014
Hialeah Gardens FL 33016		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 197.6	Rate	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component Settlement based on costs	X Prospe	ctive 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	Usua Targe FRV X Rate	Isure Rating Change I and Customary Limitation that I limitation change S Change Semester Change RV [2] as of 01/01/2001	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid	Cost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		ZL DL	_
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Signature Healthcare of Brookwood Gardens		Provider Number:	0 324418-00
1990 South Canal Drive	_	Date:	1/9/2014
Homestead FL 33035	_	Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Tuan Surus.	
••	Curre		Effective
N . H . C. I I I	Rate		Date
Nursing Home Single Level	211.	<u> 211.37</u>	1/1/2014
Rate Type :			
Interim		pective	
Total Interim		Total Prospective	Com Norma Constan
Interim Component Settlement based on costs		Prospective Adjusted Total Prospective wit	
Prior Provider Prospective data		rotal Flospective wit	n mtermi Component
	Chamman		
Basis:	Changes:		
Budget	Lic	ensure Rating Change	
X Unaudited costs		al and Customary Limitation	on
Field audited costs		get Rate limitation change	
Field audit - interim portion	FR'	VS Change	
Desk audited costs		_	
Desk audit - Interim Portion Desk Audit - Prospective portion		e Semester Change FRV [2] as of 11/01/1989	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Madiasi		mine and Einenee
Permanent File	Medicaio	l Cost Reimbursement Plan	ining and Finance
For information Only		21-20	2
No Change in Rate		a al	
Home Office: Signature Healthcare LLC	2		
Julie Kleiser			
12201 Bluegrass Parkway			
Louisville KY 40299			



Signature Healthcare at the Courtyard		Provider Number:	0 324426-00
2600 Forest Glen Trail		Date:	1/9/2014
Marianna FL 32446		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 202.23	New Rate 204.76	Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	1	e Total Prospective Prospective Adjusted 1 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 the limitation change hange lester Change [2] as of 08/27/1997	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker Reimbursement Plant	
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Signature Healthcare of Orange Park 2029 Professional Center Drive			Provider Number:	0 324434-00
Orange Park FL 32073			Date:	1/9/2014
			Fiscal Year End:	9/30/2012
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		201.06	203.73	1/1/2014
Rate Type: InterimTotal InterimInterim Component Settlement based on costs	X		re Total Prospective Prospective Adjusted 1 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 Limitatio ate limitation change hange nester Change [2] as of 09/01/1994	n
Distribution:			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				



Signature Healthcare of Ormond	Provider Number:	0 324442-00
103 N. Clyde Morris Blvd		1/9/2014
Ormond Beach FL 32074	Fiscal Year End:	9/30/2012
	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current New Eff Rate Rate I	Sective Date /2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted for Ne Total Prospective with Interior	
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 05/20/1988	
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning a	nd Finance
Permanent FileFor information OnlyNo Change in Rate	ze ze	
Home Office: Signature Healthcare LI Julie Kleiser 12201 Bluegrass Parkwa Louisville KY 40299		



Anchor Care & Rehabilitation Center		Provider Number:	0 324451-00
1515 Port Malabar Blvd. NE		Date:	1/9/2014
Palm Bay FL 32905		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 198.93	New Rate 200.21	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospect	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	nre Rating Change and Customary Limitation Rate limitation change Change mester Change 7 [2] as of 08/31/1994	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	est Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	_
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Pinellas Park Care and Rehabilitation Center 8701 49th Street North Pinellas Park FL 33782 Provider Type: Nursing Home Single Level	Current Rate 199.26	Provider Number: Date: Fiscal Year End: Audit Status: New Rate 200.22	0 324469-00 1/9/2014 9/30/2012 Unaudited [3] Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective 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 R FRVS C X Rate Ser	re Rating Change ad Customary Limitation Late limitation change Change mester Change [2] as of 03/01/1997	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	Medicaid Cos	Thomas Parker st Reimbursement Plan	-



Signature Healthcare of Port Charlotte		Provider Number:	0 324477-00
4033 Beaver Lane		Date:	1/9/2014
Port Charlotte FL 33952		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 215.15	New Rate	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospec	tive Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs	Usual Targe	sure Rating Change and Customary Limitation t Rate limitation change t Change	n
Desk audit - Interim Portion Desk Audit - Prospective portion		Semester Change RV [2] as of 08/31/1994	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid (Cost Reimbursement Plant	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		el De	> —
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



The Bridge at Bay St. Joe				Provider Number:	0 324485-00
220 9th Street				Date:	1/9/2014
Port St. Joe FL 32456				Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
Provider Type:				rudit Status.	Onducated [5]
TIOTIMET TYPE		C	Current	New	Effective
			Rate	Rate	Date
Nursing Home Single Le	vel	1	189.95	192.63	1/1/2014
Rate Type :					
Interim		<u>X</u> 1	Prospectiv		
Total Interim				Total Prospective	
Interim Compoi			$\overline{}$	Prospective Adjusted to Total Prospective with	
Prior Provider P				Total Prospective with	internii Component
Basis:		Changes			
Dasis:		Changes:			
Budget			Licensur	e Rating Change	
X Unaudited costs				d Customary Limitatio	n
Field audited costs			Target R	ate limitation change	
Field audit - interim portion	n		FRVS C	hange	
Desk audited costs Desk audit - Interim Portio			Data Cam	anton Change	
Desk Audit - Prospective p		<u>X</u>		nester Change [2] as of 10/01/1985	
Distribution:				Thomas Parker	
Contract Management / Fiscal A	Agent	Mad	licaid Coa	t Reimbursement Plan	ning and Einanga
Permanent File		IVICO	iicaiu Cos	t Kennoursement i iam	imig and rinance
For information Only			7	120	>
No Change in Rate			2_		
Home Office: Signatu	ire Healthcare LLC				
Julie Kl					
	Bluegrass Parkway lle KY 40299				
Louisvi	He K Y 40299				



Kenilworth Care and Rehabilitation Center	_		Provider Number:	0 324493-00
3011 Kenilworth Blvd.	_		Date:	1/9/2014
Sebring FL 33870	_		Fiscal Year End:	9/30/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	_	Current Rate	New Rate 191.02	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider 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 - 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 07/01/1986	n
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	M		t Reimbursement Plan	-
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:	1/9/2014
Tarpon Springs FL 34689		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 206.94	New Rate 208.66	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective 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 R FRVS C X Rate Ser	re Rating Change ad Customary Limitatio ate limitation change thange mester Change [2] as of 03/01/1995	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker	
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:	1/9/2014
Winter Park FL 32792		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 208.73	New Rate 209.15	Effective Date 1/1/2014
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 CI	e Rating Change d Customary Limitation ate limitation change hange hester Change [2] as of 08/31/1994	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: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Southern Oaks Rehabilitation and Nursing Center		Provider Number:	0 324566-00
600 West Gregory Street		Date:	1/9/2014
Pensacola FL 32501		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 216.89	New Rate 211.36	Effective Date 1/1/2014
Rate Type: Interim Total Interim Interim Component Settlement 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 11/01/1988	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	Č
Home Office: Hallmark Accounting Jacob Karmel 368 New Hempstead Road #30 New City NY 10956	09		



Terraces of Lake Worth Rehab and Health Center		Provider Number:	0 325031-00
1711 6th Avenue South		Date:	1/9/2014
Lake Worth FL 33460		Fiscal Year End:	2/28/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 254.65	New Rate 255.21	Effective Date 1/1/2014
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 08/01/1986	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	Č
Home Office: Hallmark Accounting Jacob Karmel 368 New Hempstead Road #3 New City NY 10956	09		



Arbor Village Nursing Center		Provider Number:	0 325040-00
490 South Old Wire Road		Date:	1/9/2014
Wildwood FL 34785		Fiscal Year End:	2/28/2013
		Audit Status:	Unaudited [3]
Provider Type:		Tadar Status.	0
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	218.19	212.72	1/1/2014
Rate Type :			
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			· · · · · ·
Basis:	Changes:		
	8		
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			Č
For information Only	7	L-DE	>
No Change in Rate	2_		
Home Office: Hallmark Accounting			
Jacob Karmel			
368 New Hempstead Road #30	9		
New City NY 10956			



North Lake Rehabilitation and Health Center		Provider Number:	0 325163-00
750 Bayberry Drive		Date:	1/9/2014
Lake Park FL 33403		Fiscal Year End:	2/28/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 257.43	New Rate 253.78	Effective Date 1/1/2014
Rate Type: Interim 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 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 02/01/2000	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Madigaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DC	_
Home Office: Hallmark Accounting Jacob Karmel 368 New Hempstead Road #30 New City NY 10956	9		



Heartland Health Care Center-Jacksonville			Provider Number:	0 325236-00
8495 Normandy Boulevard			Date:	1/9/2014
Jacksonville FL 32221			Fiscal Year End:	6/30/2013
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	_	Current Rate 186.01	New Rate 206.84	Effective Date 1/1/2014
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	Prospectiv X	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	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/12/1990	n
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only	Me		t Reimbursement Plan	-
No Change in Rate Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Heartland Health Care Cent	ter-Kendall			Provider Number:	0 325244-00
9400 SW 137th Avenue				Date:	1/9/2014
Kendall FL 33186				Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level	<u>-</u>	Current Rate 212.02	New Rate 213.73	Effective Date 1/1/2014
Rate Type :					
Rate Type.					
Interim		X	Prospectiv		
	Interim		<u>X</u>	Total Prospective	2. 27. 6
	m Component			Prospective Adjusted	
	ment based on costs			Total Prospective with	Interim Component
Prior I	Provider Prospective data				
Basis:		Changes	:		
Budget				e Rating Change	
X Unaudited costs				d Customary Limitatio	n
Field audited cos			_	ate limitation change	
Field audit - inte	_		FRVS C	hange	
Desk audited cos Desk audit - Inte		<u> X</u>	- Data Cam	a catan Changa	
Desk Audit - Pro		A		nester Change [2] as of 08/31/1989	
Distribution:				Thomas Parker	
Contract Management	t / Fiscal Agent		. 1: : 1 0		
Permanent File	-	M	edicaid Cos	t Reimbursement Plan	ning and Finance
For information	Only		2000	11-00	>
No Change in F	•		4	L-DC	
Home Office:	HCR Manor Care				
	Julie Yoxtheimer 333 North Summit Street				
	Toledo OH 43604				
	101040 011 73007				



Heartland Health Care Center-Miami Lakes		Provider Number:	0 325252-00
5725 NW 186th Street		Date:	1/9/2014
Hialeah FL 33015		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 210.68	New Rate 213.19	Effective Date 1/1/2014
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 a Target I FRVS 0 X Rate Se	re Rating Change and Customary Limitation Rate limitation change Change mester Change 7 [2] as of 09/14/1990	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	_
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:	1/9/2014
Orange Park FL 32073		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 203.91	New Rate 206.55	Effective Date 1/1/2014
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 ar Target I FRVS C	re Rating Change and Customary Limitation Rate limitation change Change mester Change 7 [2] as of 04/26/1990	n
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: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



ManorCare Nursing and Rehabilitation Center		Provider Number:	0 325279-00
2075 Lochmond Drive		Date:	1/9/2014
Winter Park FL 32792		Fiscal Year End:	9/30/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 190.62	New Rate 197.30	Effective Date 1/1/2014
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 ad Customary Limitation cate limitation change Change mester Change	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Cos	st Reimbursement Plan	ning and Finance
For information Only No Change in Rate	Z	I DE	· —
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland Health Care Center of	South Jacksonville			Provider Number:	0 325287-00
3648 University Boulevard				Date:	1/9/2014
Jacksonville FL 32216				Fiscal Year End:	5/31/2013
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single	Level	_ _	Current Rate 206.92	New Rate 199.71	Effective Date 1/1/2014
		<u>X</u>		re Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim po Desk audited costs Desk Audit - Prospecti	ortion	Changes:	Licensure Usual and Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change	n
Distribution: Contract Management / Fisc Permanent File For information Only No Change in Rate Home Office:	al Agent R Manor Care	Mo		Thomas Parker t Reimbursement Plant	_
Julio 333	e Yoxtheimer North Summit Street do OH 43604				



Heartland of Brooksville		Provider Number:	0 325295-00
575 Lamar Ave		Date:	1/9/2014
Brooksville FL 34601		Fiscal Year End:	8/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	- Chadated [5]
-JPS	Curren	t New	Effective
	Rate	Rate	Date
Nursing Home Single Level	194.38	<u>200.99</u>	1/1/2014
Rate Type : Interim	X Prospe		
Total Interim	X		
Interim Component Settlement based on costs		Prospective Adjusted Total Prospective with	
Prior Provider Prospective data		rotal rrospective with	i interim Component
Basis:	Changes:		
Dasis.	Changes.		
Budget	Licer	sure Rating Change	
X Unaudited costs	Usua	l and Customary Limitatio	on
Field audited costs		et Rate limitation change	
Field audit - interim portion	FRV	S Change	
Desk audited costs Desk audit - Interim Portion	X Rate	Semester Change	
Desk Audit - Prospective portion		RV [2] as of 01/01/1988	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Madigaid	Cost Reimbursement Plan	ning and Finance
Permanent File	Wiedicald	Cost Reimoursement i ian	ining and i mance
For information Only		2020	2
No Change in Rate			
Home Office: HCR Manor Care			
Julie Yoxtheimer			
333 North Summit Street			
Toledo OH 43604			



Heartland Health Care Center-Boynton Beach		Provider Number:	0 325309-00
3600 Old Boynton Beach		Date:	1/9/2014
Boynton Beach FL 33436		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 193.44	New Rate 195.41	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior 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 X Rate Ser	re Rating Change and Customary Limitation cate limitation change change mester Change [2] as of 01/16/1992	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LRE	_
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland Health Care Center-Ft. Myers		Provider Number:	0 325325-00
1600 Matthew Drive		Date:	1/9/2014
Ft. Myers FL 33907		Fiscal Year End:	9/30/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 190.97	New Rate 205.94	Effective Date 1/1/2014
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior 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	re Rating Change and Customary Limitation Rate limitation change Change mester Change [7 [2] as of 04/25/1991	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	IL DE	<u> </u>
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland Health Care Center-Lauderhill		Provider Number:	0 325333-00
2599 NW 55th Avenue		Date:	1/9/2014
Lauderhill FL 33313		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 204.72	New Rate 207.62	Effective Date 1/1/2014
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	re Rating Change and Customary Limitatio Rate limitation change Change mester Change 7 [2] as of 12/27/1989	n
<u>Distribution:</u>		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: 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:	1/9/2014
Palm Beach FL 33410		Fiscal Year End:	9/30/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 200.09	New Rate 204.11	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement 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 Limitation Rate limitation change Change mester Change [2] as of 07/07/1992	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		L DE	_
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:	1/9/2014
Tamarac FL 33321		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 207.12	New Rate 209.07	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospective X	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 ar Target R FRVS C	re Rating Change and Customary Limitation tate limitation change thange mester Change [2] as of 07/07/1988	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LRE	
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



ManorCare Health Services (Boca Raton)	_		Provider Number:	0 325368-00
375 Northwest 51st Street	-		Date:	1/9/2014
Boca Raton FL 33431	-		Fiscal Year End:	5/31/2013
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	_	Current Rate 200.11	New Rate 194.38	Effective Date 1/1/2014
Rate Type: InterimTotal Interim	X	Prospectiv	Total Prospective	
Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Changes	<u> </u>	Prospective Adjusted a 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 an Target R FRVS C	nester Change	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	M		Thomas Parker	
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



ManorCare Health Services-Boynton Beach		Provider Number:	0 325376-00
3001 S Congress Ave		Date:	1/9/2014
Boynton Beach FL 33426		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 211.79	New Rate 210.11	Effective Date 1/1/2014
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 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	Z	LDE	· -
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



ManorCare Health Services				Provider Number:	0 325384-00
13881 Eagle Ridge Drive				Date:	1/9/2014
Ft. Myers Fl 33912				Fiscal Year End:	5/31/2013
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home Sin	ngle Level	_	208.28	214.52	1/1/2014
Rate Type : InterimTotal I		X	Prospectiv X	Total Prospective	
Interin	n Component			Prospective Adjusted	for New Costs
Settlen	nent based on costs			Total Prospective with	Interim Component
Prior P	rovider Prospective data				
Basis:		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 Limitatio ate limitation change hange nester Change [2] as of 05/01/2000	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:	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:	1/9/2014
Naples FL 34113		Fiscal Year End:	9/30/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 220.38	New Rate 228.28	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement 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	re Rating Change and Customary Limitatio Rate limitation change Change mester Change	n
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		st Reimbursement Plans	
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Manor Care Nursing and Rehabilitation Center		Provider Number:	0 325449-00
3601 Lakewood Blvd		Date:	1/9/2014
Naples FL 34112		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 201.52	New Rate	Effective Date 1/1/2014
Rate Type:			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		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	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		Thomas Parker t Reimbursement Plant	



ManorCare Health Services (Plantation)		Provider Number:	0 325457-00
6931 W Sunrise Blvd		Date:	1/9/2014
Plantation FL 33313		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 206.62	New Rate 211.71	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement 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	e Rating Change I Customary Limitation the limitation change hange ester Change	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: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



ManorCare Health Services-Sarasota		Provider Number:	0 325465-00
5511 Swift Road		Date:	1/9/2014
Sarasota FL 34231		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 202.66	New Rate 208.44	Effective Date 1/1/2014
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 0 X Rate Se	re Rating Change and Customary Limitation Rate limitation change Change mester Change 7 [2] as of 12/01/1996	on
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	I DE	<u>-</u>
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Manor Care Health Services		Provider Number:	0 325473-00
1450 E. Venice		Date:	1/9/2014
Venice FL 34292		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type:		radit Status.	
	Current	New	Effective
Nursing Home Single Level	Rate	Rate	Date
Nursing Home Single Level	224.56	213.42	1/1/2014
Rate Type: Interim Total Interim Interim Component Settlement based on costs	X Prospecti	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	Licensu Usual at Target F FRVS C	re Rating Change and Customary Limitation Rate limitation change Change mester Change 7 [2] as of 06/05/1997	on
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	2	I DE	-
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



ManorCare Health Services	-West Palm Beach			Provider Number:	0 325481-00
2300 Village Blvd				Date:	1/9/2014
West Palm Beach FL 33409	<u> </u>			Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level	_	Current Rate 205.64	New Rate 207.65	Effective Date 1/1/2014
Interin Settlen	Interim 1 Component 1 nent based on costs 2 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 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 06/01/1996	n
Distribution: Contract Management Permanent FileFor informationNo Change in R Home Office:	Only Late HCR Manor Care Julie Yoxtheimer	M		Thomas Parker t Reimbursement Plans	
Home Office:					



Heartland Health Care Center-North Sarasota		Provider Number:	0 325490-00
3250 12th Street		Date:	1/9/2014
Sarasota FL 34237		Fiscal Year End:	8/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 200.73	New Rate 214.19	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior 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 Ser	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/1985	n
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker	
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:	1/9/2014	
Delray Beach FL 33446		Fiscal Year End:	4/30/2013	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 197.50	New Rate 198.05	Effective Date 1/1/2014	
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X Prospect	ive Total Prospective Prospective Adjusted a 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 02/17/1999	on	
Distribution:	Thomas Parker			
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance			
Permanent FileFor information OnlyNo Change in Rate		el De	_	
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:	1/9/2014
Tampa FL 33618		Fiscal Year End:	5/31/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 219.91	Rate	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospe	ctive Total Prospective Prospective Adjusted to the control of the contro	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion	Usua Targe FRV	Isure Rating Change I and Customary Limitation Rate limitation change S Change Semester Change RV [2] as of 07/20/1990	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		Thomas Parker Cost Reimbursement Plans	-



ManorCare Health Services-Dunedin		Provider Number:	0 325686-00	
870 Patricia Ave		Date:	1/9/2014	
Dunedin FL 34698		Fiscal Year End:	9/30/2012	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Curren Rate 195.7	t New Rate	Effective Date 1/1/2014	
Rate Type: Interim Total Interim	XProspe			
Interim Component		Prospective Adjusted	for New Costs	
Settlement based on costs		Total Prospective with		
Prior Provider Prospective data		<u> </u>		
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 05/01/1996	on	
Distribution:	Thomas Parker			
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance			
Permanent FileFor information OnlyNo Change in Rate		ZL ZL		
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



ManorCare Health Services-Palm Harbor		Provider Number:	0 325694-00	
2851 Tampa Road		Date:	1/9/2014	
Palm Harbor FL 34684		Fiscal Year End:	5/31/2013	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 199.60	New Rate 191.80	Effective Date 1/1/2014	
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 09/28/1990	on	
Distribution:	Thomas Parker Medicaid Cost Reimbursement Planning and Finance			
Contract Management / Fiscal Agent Permanent File				
For information Only No Change in Rate	Z	LDE	-	
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Heartland of Zephyrhills			Provider Number:	0 325708-00	
38220 Henry Drive			Date:	1/9/2014	
Zephyrhills FL 33540			Fiscal Year End:	9/30/2013	
			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level		Current Rate 197.69	New Rate 202.21	Effective Date 1/1/2014	
Interim Total Interim Interim Component Settlement based on cos Prior Provider Prospecti		Prospectiv X	Total Prospective Prospective Adjusted a 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 02/04/1988	n	
Distribution:		Thomas Parker			
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Med		t Reimbursement Plan	-	
Home Office: HCR Manor Ca Julie Yoxtheime 333 North Sumi Toledo OH 436	it Street				



Moosehaven, Inc.		Provider Number:	0 326011-00
1701 Park Avenue		Date:	1/9/2014
Orange Park FL 32073		Fiscal Year End:	4/30/2013
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 214.83	New Rate 215.95	Effective Date 1/1/2014
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior 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 C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 04/17/2008	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	ZL-De		
Home Office: 1 - No Home Office			