

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF FLORIDA  
TAMPA DIVISION

THE UNITED STATES OF  
AMERICA and THE STATE OF  
FLORIDA *ex rel.* ANGELA RUCKH,

Plaintiffs,

v.

CASE NO. 8:11-cv-1303-T-23-TBM

CMC II, LLC, et al.

Defendants.

\_\_\_\_\_ /

**VERDICT**

**Part (A) Claims**

**A1. The federal and Florida Part (A) Claims.** Did the defendant listed below knowingly present, or cause the presentation of, a false or fraudulent claim either to Medicare or Medicaid or to an agent of either?

Sea Crest Health Care Management  
d/b/a LaVie Management  
Services of Florida and its successor  
CMC II, LLC

Yes

No \_\_\_\_\_

Salus Rehabilitation, LLC  
d/b/a LaVie Rehab

Yes

No \_\_\_\_\_

207 Marshall Drive Operations, LLC  
d/b/a Marshall Health and  
Rehabilitation Center

Yes

No

803 Oak Street Operations, LLC  
d/b/a Governor's Creek Health  
and Rehabilitation Center

Yes

No

If you answered "No" under A1 as to every defendant, do not answer the next two questions but proceed instead to "Part (B) Liability."

If you answered "Yes" under A1 as to any defendant, answer the next two questions.

**A2. Part (A) Number of False Claims.** For each defendant with respect to which you answered "Yes" in A1, state the total number of false or fraudulent demands for payment submitted or caused to be submitted to each of the following programs by that defendant:

Sea Crest Health Care  
Management d/b/a LaVie  
Management Services of  
Florida and its successor  
CMC II, LLC

Medicare: 123

Medicaid: 0

Salus Rehabilitation, LLC  
d/b/a LaVie Rehab

Medicare: 44

207 Marshall Drive  
Operations, LLC d/b/a  
Marshall Health and  
Rehabilitation Center

Medicare: 1

Medicaid: 0

803 Oak Street Operations,  
LLC d/b/a Governor's Creek  
Health and Rehabilitation  
Center

Medicare: 4

Medicaid: 0

**A3. Part (A) Damages.** For each defendant with respect to which you answered "Yes" in A1 and to which you assigned a number in A2, state the total damages incurred by each of the following programs as a result of the false or fraudulent demands for payment made or caused by that defendant:

Sea Crest Health Care Management d/b/a LaVie Management Services of Florida and its successor CMC II, LLC

Medicare: \$ 79,839,300 Medicaid: \$ 0

Salus Rehabilitation, LLC d/b/a LaVie Rehab

Medicare: \$ 0

207 Marshall Drive Operations, LLC d/b/a Marshall Health and Rehabilitation Center

Medicare: \$ 2,039,308 Medicaid: \$ 0

803 Oak Street Operations, LLC d/b/a Governor's Creek Health and Rehabilitation Center

Medicare: \$ 3,258,487 Medicaid: \$ 0

**Part (B) Claims**

**B1. The federal and Florida Part (B) Claims.** Did the defendant listed below knowingly make, use, or cause to be made or used, a false or fraudulent record or statement that was material to a false or fraudulent claim submitted to Medicare or Medicaid or an agent of either?

Sea Crest Health Care Management d/b/a LaVie Management Services of Florida and its successor CMC II, LLC

Yes  No

Salus Rehabilitation, LLC d/b/a LaVie Rehab

Yes  No



207 Marshall Drive Operations, LLC  
d/b/a Marshall Health and  
Rehabilitation Center

Yes ✓

No \_\_\_\_\_

803 Oak Street Operations, LLC  
d/b/a Governor's Creek Health  
and Rehabilitation Center

Yes ✓

No \_\_\_\_\_

If you answered "No" under B1 as to every defendant, do not answer the next two questions but proceed instead to "Part (G) Liability."

If you answered "Yes" under B1 as to any defendant, answer the next two questions.

**B2. Part (B) Number of False Records and Statements.** For each defendant with respect to which you answered "Yes" to B1, state the total number of false or fraudulent records or statements material to claims made or caused to be made by that defendant to each of the following programs:

Sea Crest Health Care  
Management d/b/a LaVie  
Management Services of  
Florida and its successor  
CMC II, LLC

Medicare: 110

Medicaid: 26

Salus Rehabilitation, LLC  
d/b/a LaVie Rehab

Medicare: 44

207 Marshall Drive  
Operations, LLC d/b/a  
Marshall Health and  
Rehabilitation Center

Medicare: 13

Medicaid: 0

803 Oak Street Operations,  
LLC d/b/a Governor's Creek  
Health and Rehabilitation  
Center

Medicare: 26

Medicaid: 0

**B3. Part (B) Damages.** For each defendant with respect to which you answered "Yes" in B1 and to which you assigned a number in B2, state the total damages incurred by each of the following programs as a result of the false or fraudulent records or statements made or caused by that defendant:

Sea Crest Health Care Management d/b/a LaVie Management Services of Florida and its successor CMC II, LLC

Medicare: \$ 0 Medicaid: \$ 30,000,000

Salus Rehabilitation, LLC d/b/a LaVie Rehab

Medicare: \$ 0

207 Marshall Drive Operations, LLC d/b/a Marshall Health and Rehabilitation Center

Medicare: \$ 0 Medicaid: \$ 0

803 Oak Street Operations, LLC d/b/a Governor's Creek Health and Rehabilitation Center

Medicare: \$ 0 Medicaid: \$ 0

**Part (G) Claims**

**G1. The federal and Florida Part (G) Claims.** Did the defendant listed below knowingly make, use, or cause to be made or used, a false or fraudulent record or statement that was material to an obligation to pay, repay, or transmit money or property to Medicare or Medicaid or an agent of either?

Sea Crest Health Care Management d/b/a LaVie Management Services of Florida and its successor CMC II, LLC

Yes ✓ No \_\_\_\_\_

Salus Rehabilitation, LLC d/b/a LaVie Rehab

Yes \_\_\_\_\_ No ✓

207 Marshall Drive Operations, LLC  
d/b/a Marshall Health and  
Rehabilitation Center

Yes ✓

No \_\_\_\_\_

803 Oak Street Operations, LLC  
d/b/a Governor's Creek Health  
and Rehabilitation Center

Yes ✓

No \_\_\_\_\_

If you answered "No" under G1 as to every defendant, do not answer the next two questions but proceed instead to sign and date the verdict form.

If you answered "Yes" under G1 as to any defendant, answer the next two questions and then proceed to sign and date the verdict form.

**G2. Part (G) Number of False Records and Statements.** For each defendant with respect to which you answered "Yes" in G1, state the number of false or fraudulent records or statements material to obligations to pay, repay, or transmit money or property made or caused by that defendant to each of the following programs:

Sea Crest Health Care  
Management d/b/a LaVie  
Management Services of  
Florida and its successor  
CMC II, LLC

Medicare: 21

Medicaid: 0

Salus Rehabilitation, LLC  
d/b/a LaVie Rehab

Medicare: 0

207 Marshall Drive  
Operations, LLC d/b/a  
Marshall Health and  
Rehabilitation Center

Medicare: 13

Medicaid: 0

803 Oak Street Operations,  
LLC d/b/a Governor's Creek  
Health and Rehabilitation  
Center

Medicare: 21

Medicaid: 0



**G3. Part (G) Damages.** For each defendant with respect to which you answered "Yes" in G1 and to which you assigned a number in G2, state the total damages incurred by each of the following programs as a result of the false or fraudulent records or statements made or caused by that defendant:

Sea Crest Health Care  
Management d/b/a LaVie  
Management Services of  
Florida and its successor  
CMC II, LLC

Medicare: \$ 0 Medicaid: \$ 0

Salus Rehabilitation, LLC  
d/b/a LaVie Rehab

Medicare: \$ 0

207 Marshall Drive  
Operations, LLC d/b/a  
Marshall Health and  
Rehabilitation Center

Medicare: \$ 0 Medicaid: \$ 0

803 Oak Street Operations,  
LLC d/b/a Governor's Creek  
Health and Rehabilitation  
Center

Medicare: \$ 0 Medicaid: \$ 0

SO SAY WE ALL.

  
Foreperson

Dated: February 15, 2017