

STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

SARASOTA DOCTORS HOSPITAL, INC.,)
d/b/a DOCTORS HOSPITAL OF SARASOTA,)
)
Petitioner,)
)
vs.) Case No. 00-3209
)
AGENCY FOR HEALTH CARE)
ADMINISTRATION,)
)
Respondent.)
_____)

RECOMMENDED ORDER

This cause was heard by Eleanor M. Hunter, the assigned Administrative Law Judge of the Division of Administrative Hearings, on December 18-19, 2000, in Tallahassee, Florida.

APPEARANCES

For Petitioner: Stephen A. Ecenia, Esquire
Thomas W. Konrad, Esquire
Rutledge, Ecenia, Purnell & Hoffman, P.A.
215 South Monroe Street, Suite 420
Post Office Box 551
Tallahassee, Florida 32302-0551

For Respondent: Richard A. Patterson, Esquire
Agency for Health Care Administration
2727 Mahan Drive
Fort Knox Building Three, Suite 3431
Tallahassee, Florida 32308-5403

STATEMENT OF THE ISSUE

Whether the evidence presented by Sarasota Doctors Hospital, Inc., d/b/a Doctors Hospital of Sarasota, established

its entitlement to approval of Certificate of Need Application No. 9320 for the addition of 21 acute care beds.

PRELIMINARY STATEMENT

Sarasota Doctors Hospital, Inc., d/b/a Doctors Hospital of Sarasota (Doctors Hospital), is the applicant for Certificate of Need Number 9320 to add 21 acute care beds to the hospital, which is located in Agency for Health Care Administration (AHCA), District 8, Subdistrict 6, for Sarasota County. AHCA reviewed and preliminarily denied the application, and published its decision in the Florida Administrative Weekly, Volume 26, Number 26, dated June 30, 2000.

On August 4, 2000, Doctors Hospital's Petition for Formal Administrative Hearing was received at the Division of Administrative Hearings. Initially scheduled for October, the final hearing was postponed until December, after an Unopposed Joint Motion for Continuance was granted.

Prior to the final hearing, counsel for the parties filed a pre-hearing stipulation, agreeing that the disputed criteria are as follows:

- (1) the preference for the addition of general acute care beds in a subdistrict where all acute care hospitals in the specific subdistrict are maintaining a 12-month average occupancy of at least 75 percent;
- (2) the preference for the addition of acute care beds at an existing hospital if

its average annual occupancy exceeds 80 percent for all licensed beds;

(3) Subsection 408.035(1)(b), Florida Statutes (1999), the availability, quality of care, efficiency, appropriateness, accessibility, extent of utilization and adequacy of like and existing facilities and services in the service area;

(4) Subsection 408.035(1)(l), Florida Statutes (1999), the probable impact on costs, competition, improvements or innovations in financing and delivery of services, quality assurance, and cost-effectiveness;

(5) Subsection 408.035(1)(o), Florida Statutes (1999), the continuum of care in a multilevel system;

(6) Florida Administrative Code Rule 59C-1.030(2)(a), the need for additional acute care capacity at the hospital;

(7) Florida Administrative Code Rule 59C-1.038(4), not normal approval if average annual subdistrict occupancy rate is below 75 percent; and

(8) Florida Administrative Code Rule 59C-1.038(5), not normal approval, regardless of the average annual subdistrict occupancy, if 12-month occupancy in acute care beds at the hospital equals or exceeds 80 percent.

The parties stipulated that the criteria in all other local health plan preferences, in Subsections 408.035(1)(c)-(k), (m), (n), (p), and Subsections 408.035(2)(a)-(e), Florida Statutes (1999), and in Florida Administrative Code Rules 59C-1.030(2)(a) - for service to underserved groups, (2)(b)-(d)4., and 59C-1.038 (6)(a) and (b) are satisfied or are not at issue in this case.

At the final hearing, Doctors Hospital presented the testimony of the following witnesses: Charles Scott, an expert in hospital administration; Colleen Flick, an expert in critical care nursing and nursing administration; and Sharon Gordon-Girvin, an expert in health planning. Doctors Hospital's Exhibits numbered 1-45 were received in evidence.

AHCA presented the testimony of Jeffrey N. Gregg, an expert in health planning. AHCA's Exhibits 1-5 were received in evidence. AHCA's Exhibit 6 was received in evidence subject to a Motion to Strike certain deposition exhibits, for which the deponent failed to provide source documents as required in the notice of deposition. As a result, deposition Exhibits 3, 5, and 6, and related testimony in AHCA Exhibit 6 were stricken by Order dated January 22, 2001.

The transcript of the final hearing was filed on January 10, 2001. Proposed recommended orders were received on February 14, 2001, after the parties requested and were granted two brief extensions of time.

FINDINGS OF FACT

1. The Agency for Health Care Administration (AHCA) is the state agency authorized to administer the certificate of need (CON) program for health care services and facilities in Florida.

2. For the January 2000 batching cycle, AHCA published a fixed need of zero for additional acute care beds in District 8, Subdistrict 6, for Sarasota County.

3. Sarasota Doctors Hospital, Inc., d/b/a Doctors Hospital of Sarasota (Doctors Hospital) applied for Certificate of Need (CON) Number 9320, to add 21 acute care beds to those licensed and in service at its hospital in Sarasota County. If approved, the CON will have, as a condition, Doctors Hospital's commitment to provide 3.8 percent of patient days in the 21 beds to charity/self-pay and 3.2 percent to Medicaid patients.

4. Doctors Hospital is owned and operated by The Health Care Company (HCA), formerly Columbia HCA, the largest investor-owned, for-profit hospital company in the United States. HCA owns and operates two hundred hospitals nationwide, forty-two of those in the State of Florida.

5. Doctors Hospital is licensed to operate 147 acute care beds, in a five-story building. The first floor is used for ancillary, support, and diagnostic functions. These include radiology, cardiovascular and laboratory services, as well as the kitchen, cafeteria, administrative offices and medical records. The second floor is occupied by inpatient and outpatient surgical units, the central processing department, an endoscopy unit and a unit with 16 intensive care beds (ICU). The third floor is largely dedicated to acute care beds in

specialty units, including a 9-bed surgical progressive care unit, a 14-bed oncology unit, a 9-bed unit for pediatrics, and a 17-bed obstetrics unit.

6. The fourth floor has 42 licensed acute care beds and an additional 21 unlicensed beds which are used for observation or overflow patients. Observation patients are technically outpatients who occupy inpatient beds for less than 23 hours. From 30 to 50 outpatients use Doctors Hospital daily, although not all of those need acute care beds. In general, post-surgery patients who have moved from the recovery room or patients who require evaluations of their progress for a relatively short period of time occupy observation beds. The 21-bed observation unit, which was previously a licensed substance abuse unit, is the subject of the application at issue in this case. AHCA's expert witness testified that ". . . whenever the hospital is using these unlicensed beds, it is illegal." (Transcript, p. 218).

7. Finally, the fifth floor at Doctors Hospital is used primarily for cardiac care. All of the 40 beds are telemetry monitored, eight of which are grouped together in a cardiac progressive care unit. Doctors Hospital is pursuing a pending application to perform open heart surgery, as a part of its plan to expand cardiac services. Approximately 25 percent of all admissions, the single largest diagnostic group, receive cardiac

care. Approximately 800 cardiac catheterizations are performed annually at Doctors Hospital.

8. Doctors Hospital also expects to expand women's' health services, based on increasing levels of inpatient admissions. Obstetrics admissions, for example, increased in volume by eight percent in one year.

9. Doctors Hospital operates an emergency department, which was expected to reach a volume of 24,000 visits, or a three percent increase last year over the prior year. Almost 20 percent of the emergency room visits result in admissions to the hospital, which accounts for approximately 60 percent of total hospital admissions. The proportion of visits as compared to admissions is slightly higher than the subdistrict rate of 16.76 percent.

10. The medical staff at Doctors Hospital is composed of close to 550 Board-certified or Board-eligible physicians who, as required by the hospital's bylaws, live or have offices within the Sarasota area or in southern and eastern areas of Manatee County.

Subdistrict occupancy of at least 75 percent; and Rule 59C-1.038(4)-not normal circumstances if below 75 percent

11. AHCA determined that additional acute care beds are not needed in Sarasota County, partly because the occupancy requirement in the local health plan preference was not met.

That requirement, for at least 75 percent average 12-month occupancy in acute care beds in the subdistrict, is substantially the same as that required by rule, to find need under normal circumstances. See Rule 59C-1.038(4)(a), Florida Administrative Code (1999).

12. Four hospitals in Sarasota County have licensed acute care beds. In addition to Doctors Hospital, which is located in eastern Sarasota County, one and a half blocks east of Interstate 75, there are Sarasota Memorial Hospital (Sarasota Memorial), which is six miles to the west, Bon Secours-Venice Hospital (Bon Secours) and Englewood Community Hospital (Englewood), both of which are approximately 25 miles from Doctors Hospital in southern Sarasota County.

13. At the four Sarasota County hospitals, the average annual acute care bed occupancy, calculated by AHCA, was 47.21 percent from July 1998 to June 1999. Average occupancy rates reported for each hospital separately, for that same period of time, for calendar year 1999, and from July 1999 to June 2000, were as shown below:

	7/98-6/99	1999	7/99-6/2000
Doctors Hospital	69.95	68.84	68.48
Sarasota Memorial	38.23	40.59	39.68
Bon Secours	46.39	48.24	47.98
Englewood	55.80	63.11	64.98

14. The average annual occupancy for each hospital in AHCA District 8, subdistrict 6 is below 75 percent. Therefore, no additional acute care beds should be needed under normal circumstances.

Hospital occupancy in acute care beds of at least 80 percent; Rule 59C-1.030(2)(a) -need for additional capacity; and Rule 59C-1.038(5) - not normal circumstances if over 80 percent

15. The hospital-specific acute care bed occupancy preference, requiring at least 80 percent occupancy is also not met by Doctors Hospital. AHCA calculated the hospital's occupancy as 70.40 percent for what it termed "the reporting period."

16. Doctors Hospital contends that a more realistic appraisal of the demand for beds requires the exclusion of the beds in the pediatrics and obstetrics units. The obstetrics unit, with 17 beds, is locked to limit access to newborns with limited immune system capabilities and to prevent abductions. Newborns stay in the rooms with their mothers, and it is not practical to use those beds for other medical/surgical patients. Although overflow post-surgical patients are sometimes placed in available beds in the nine-bed pediatric unit, concerns similar to those related to the obstetrics unit limit the use of designated pediatric beds for general acute care patients.

17. Excluding pediatrics and obstetrics, Doctors Hospital has 121 acute care beds. Using only 121 acute care beds, to

represent those which are generally available for adult medical/surgical patients, the occupancy rates in those beds were 84.14 percent in 1998, 79.02 percent in 1999, and 79.69 percent in 2000 (from January through September). For 2000, adjusted to include the remaining three months of the year, the occupancy rate is approximately 81 percent.

18. Some of the 121 general adult acute care beds, even when available, are inappropriate for many medical/surgical patients. The 16-bed ICU on the second floor of Doctors Hospital is uncomfortable and unnecessarily costly for the hospital to operate for patients who do not require intensive care. The ICU does not have the same degree of privacy as patient rooms. Toilet facilities are located behind curtains. There are no showers. Lights are turned on almost 24 hours a day.

19. For similar reasons, the surgical progressive care, cardiac progressive care units may be inappropriate for many patients. The oncology unit is not acceptable to some doctors due to the presence of terminally ill patients. There are also financial inefficiencies like those associated with intensive care, due to higher costs for the services provided in units which routinely care for more severely ill patients.

20. Doctors Hospital evaluated occupancy levels excluding the specialty units. The occupancy levels in the remaining 74

acute care beds exceeded 70 percent, more than 80 percent of the time between January and November 2000.

21. The most accurate measure of utilization of the facility, based on the evidence presented by Doctors Hospital, is not the midnight census. Although traditionally used by the hospital industry, in fact, the midnight census is typically the lowest of the day. When taken into account, outpatient and emergency room admissions, often arriving in the morning or during the day and discharged in the afternoon or evening, increase the midnight census at Doctors Hospital by five to ten patients each day.

22. Doctors Hospital reported the effects of daily and seasonal variations on the utilization of acute care beds. From January through March, occupancy levels are higher than any other months. The same is true of weekdays, particularly towards the middle or end of the week, when occupancy levels range from four to seven percent higher than on weekends or at the beginning of the week. With average lengths of stay of four to four and a half days, utilization is uneven and usually at its peak on Thursdays of each week.

23. Average monthly occupancy levels for the first nine months of 2000, ranged from lows of 67.88 percent in September and 70.35 percent in August to highs of 92.96 percent in January and 94.04 percent in February.

24. AHCA rejected the notion that seasonal occupancy is a not normal basis for the approval of additional beds at Doctors' Hospital, because it is typical for all hospitals in Florida to experience higher volumes in winter due to the increase in the population of so-called "snowbirds." That group of older winter residents usually causes an increase in hospital occupancy in the first quarter of each year.

25. AHCA found that additional acute care beds are not needed at Doctors Hospital because occupancy rates are leveling off. What Doctors Hospital projected, in the CON application, was an increase in utilization from 1999 to 2000, despite a historical drop by a little less than 5 percentage points from 1998 to 1999. The historical experience, explained by a temporary loss of a contract with a health maintenance organization is no longer a factor, however, since that contract has been renegotiated and re-instituted.

26. By the end of 2001, Doctors Hospital reasonably projected 85 percent occupancy without the 21 additional acute care beds, and 72 percent with them. For the year 2002, occupancy levels could reach 89 percent without, and 75 percent with 21 more licensed beds included in the inventory.

27. AHCA, by rule, has recognized that 80 percent occupancy is excessive. In order to accommodate unexpected

demand, to move patients into appropriate units, and to operate at peak efficiencies, 75 percent occupancy is recommended.

408.035(1)(b) - availability, quality of care, efficiency, appropriateness, accessibility, extent of utilization, and adequacy of like and existing facilities in the area

28. AHCA found no geographical, financial, or other access problems in Sarasota County. The population growth rate for Sarasota County is slower than that of the rest of District 8 and the State, although the fastest growing areas of the County are the zip codes in the Doctors Hospital service area.

29. AHCA considered Sarasota Memorial a viable alternative to the use of additional beds at Doctors Hospital. Sarasota Memorial is six miles from Doctors Hospital, is larger, and offers the same services. It is also a disproportionate share provider, meaning it delivers a higher percentage of care to Medicaid-funded and other low income patients.

30. AHCA proposed that Doctors Hospital respond to any capacity constraints by transferring patients to other under-utilized hospitals, particularly Sarasota Memorial. There was no issue raised concerning the quality of care at any of the other hospitals. Doctors Hospital may be able to redirect some but not all its inpatient admissions to Sarasota Memorial. Based on the proximity of Interstate 75, the lack of any trauma protocols in the district and federal regulations requiring the receiving hospital to treat some emergency room patients,

Doctors Hospital cannot divert many of those patients to Sarasota Memorial. These patients represent 60 percent of total admissions to Doctors Hospital. Although the significant overlap in medical staffs allows the medical staff to respond to any over-crowding at Doctors Hospital, they are not re-directing their patients in sufficient numbers to alleviate the need to use the 21 unlicensed beds at Doctors Hospital.

31. Another alternative to the CON proposal is a reallocation of beds from obstetrics, pediatrics, or other special units to increase the supply for general medical/surgical patients. The physical limitations on the accessibility and appropriateness of obstetrics and pediatrics units which justify their exclusion from any realistic evaluation of demand, also render infeasible any partial reallocation of their beds for general acute care use. Unit sizes based on staffing requirements and the efficient allocation of resources should not be altered as long as those special services are provided.

408.035(1)(1) - probable impact on costs, competition, innovations in financing and delivery of services, quality assurance and cost-effectiveness

32. The 21 beds, which are proposed for acute care licensure are located on the fourth floor of Doctors Hospital. The equipment and staff available for the unit, currently used largely for observation patients, is substantially the same as

that for other beds and units in the hospital. The nurse's station, corridors, furniture, bathrooms and medical air and gases are also the same. The only difference is that, unlike the existing acute care beds, most of the 21 beds are in semi-private rather than private rooms.

33. The total estimated building cost for the project is, at most, \$123,500 for refurbishing and cosmetic work. No additional fixed costs will be added to the health care system as a result of the approval of this CON application.

34. There is no evidence of any adverse impacts on the other three acute care hospitals in the subdistrict.

408.035(1)(o) - continuum of care in multilevel system

35. Although Doctors Hospital described community relationships and outpatient programs in its CON application, it is not a part of a multilevel health care system.

Summary of criteria and prior AHCA decisions

36. On balance, the evidence shows a need for the use of the 21 additional beds for acute care, as proposed in CON application number 9320. Doctors Hospital has demonstrated that it substantially meets all the CON criteria at issue in this proceeding, except the subdistrict occupancy of 75 percent and the operation of a multilevel health care system.

37. In a case concerning Doctors Hospital's application for approval of an open heart surgery program, AHCA agreed that

certain constraints on capacity exist at the facility. As described by the Administrative Law Judge and agreed by AHCA, the situation at Doctors Hospital, based on evidence presented in February and March of 1999, was as follows:

63. Doctors' Capacity to Accommodate an OHS Program.

Doctors' daily inpatient census has steadily grown since Doctors opened its new facility in 1995 in part because of the changed perception among physicians that the new facility is better able to handle more complex patients. Doctors' daily in-patient census will continue to grow in the foreseeable future as Doctors continues its successful efforts to increase the number of inpatient admissions at its hospital.

64. At times, Doctors currently operates over its licensed bed capacity during the busy season. It has had as many as 188 inpatients in the facility for its 147 beds. Asked at hearing about operating in excess of capacity, Mr. Lievens replied,

[B]ut they're not all in beds . . .
. . . in the middle of the day . . .
you've got people down in the cath
labs, . . . in the ORs, you've got
them in the PACU, the recovery
area . . . scattered all over the
hospital. So you can have them .
. . . moving around like that and
they're classified as inpatients,
but in terms of the operation of
the hospital, we don't look at
them as inpatient, we look at them
as a patient in process.

(Tr. 116). Since opening its new facility, from time to time, Doctors has had to alert the Emergency Medical Services Office of Sarasota County to divert emergency patients

from Doctors because of lack of beds. Because of its current constraints, during the busy season, Doctors will not be able to accommodate the incremental increase in daily census of 14 patients that is associated with implementation of an OHS program at Doctors, without operating in excess of its licensed bed capacity, regardless of the efforts of special bed coordinators who attempt to appropriately locate and relocate patients throughout the hospital.

65. Doctors has 16 ICU beds grouped in two 8-bed pods. It plans to use five of them for the open heart patients. A review of Doctors' census shows that two-thirds of the time during the peak season (January through March), Doctors does not have five beds available for the open heart program. The problem is not limited to the peak season. Doctors has critical care capacity problems "year-wide." (Tr. 2082).

66. Doctors' capacity constraints seriously compromise Doctors' ability to operate a high quality OHS program. Doctors does not have adequate numbers of OHS critical care beds to ensure its ability to provide high quality postoperative critical care to fresh OHS patients. At times, the five beds reserved for OHS patients might be occupied by both OHS and general ICU patients. At other times, an ICU bed might not be available for an OHS patient and the patient would have to be in another unit. Mixing OHS patients and general ICU patients is not good practice because it increases the exposure of the OHS patients to infection. Doctors' lack of adequate OHS critical care beds adversely impacts Doctors' ability to provide high quality of care to OHS patients.

67. Doctors' ability to accommodate an OHS program is also compromised by the absence from Doctors' proposal of plans to construct

and equip an additional cath lab, which will be necessary to accommodate the anticipated increase in diagnostic cardiac cath and angioplasties that are associated with an OHS program.

Punta Gorda HMA, Inc., etc., et al. vs. AHCA, et al., DOAH Case No. 98-1134 (F.O. 2/9/2000; R.O. 9/16/1999).

38. At the final hearing in this case, AHCA's expert attempted to distinguish the OHS case from this case, as follows:

Q Did you review the Doctor's Hospital open-heart surgery final order?

A Yes.

Q What is your understanding of the capacity constraints indicated in the final order for Doctor's Hospital?

A That is a final order related to the addition of a new service at an existing provider. And issues of capacity related to their ability to successfully integrate a new service are in play.

Q Do you view that as a situation that we are discussing today?

A No.

Q How does it differ?

A Here we are talking about adding beds to a service area where there are many beds of the types already available.

Transcript, page 206.

39. Although it does appear that critical care beds are the focus of concern in the open heart surgery case, the

findings also clearly demonstrated that AHCA determined that utilization at Doctors Hospital exceeded licensed acute care bed capacity. AHCA's position in this case is not consistent with the evidence in this case or its findings in the prior open heart surgery case.

40. Doctors Hospital also demonstrated some inconsistencies in AHCA's interpretation of subdistrict and hospital occupancy requirements and not normal circumstances for the addition of acute care beds in other recent cases. In its review of CON applications to add acute care beds, AHCA has preliminarily approved 14, since 1997, in which subdistrict occupancies ranged from a low of 36.66 percent in 1998-1999 at a Lake City hospital, to a high of 74.74 percent in 1997-1998 in a Marion County hospital. In 10 of those, the hospital occupancy rate was below the 80 percent standard, ranging from 57.66 percent to 77.61 percent. Although each set of special circumstance is different, in nine of the applications, seasonal demand was, at least, one factor. Hospital specific occupancy levels ranged from 65.9 to 76.29 percent in five of the nine approvals based, in part, on seasonal demand. See Doctors Hospital Exhibits 23, 24, and 25; and Transcript, pages 141-145 and page 209.

CONCLUSIONS OF LAW

41. The Division of Administrative Hearings has jurisdiction over the parties to and the subject matter of these proceedings. Sections 120.569, 120.57(1), and 120.60(5), Florida Statutes.

42. The applicant, Doctors Hospital, has the burden of demonstrating its entitlement to a CON based on a balanced consideration of the criteria. Boca Raton Artificial Kidney Center v. Department of Health and Rehabilitative Services, 475 So. 2d 250 (Fla. 1st DCA 1985). Department of Health and Rehabilitative Services v. Johnson and Johnson Home Health Care, Inc., 447 So. 2d 361 (Fla. 1st DCA 1984); Balsam v. Department of Health and Rehabilitative Services, 486 So. 2d 1341 (Fla. 1st DCA 1988).

43. As the parties stipulated, the criteria in Subsections 408.035(1)(c)-(k), (m), (n), (p), and Subsections 408.035(2)(a)-(e), Florida Statutes; and Florida Administrative Code Rules 59C-1.030(2)(a)-for service to underserved groups, 2(b)-(d)4. and 59C-1.038(6)(a) and (b) are satisfied or not at issue in this proceeding.

44. Need in the subdistrict for additional acute care beds, quantified in the local health plan preference and in Rule 59C-1.038(4), is indicated under normal circumstances if the average annual occupancy in acute care beds is at least 75

percent. Otherwise, not normal circumstances are required. In this case, need is not demonstrated based on subdistrict occupancy.

45. Need may also be demonstrated at an applicant hospital in which acute care occupancy levels equal or exceed 80 percent. At Doctors Hospital, occupancy exceeds and is reasonably projected to continue to exceed 80 percent in the remaining available acute care beds when the total number of acute care beds is reduced by the number of beds in unavailable or inappropriate specialty units.

46. Doctors Hospital established that the alternatives raised by AHCA, the transfer of patients to other hospitals, or the reallocation of beds at Doctors Hospital were inappropriate and inadequate to alleviate the need for additional beds.

47. There is evidence that other hospitals in the subdistrict have unused capacity and provide the quality of care necessary to treat the same types of acute care patients as Doctors Hospital. Subsection 408.035(1)(b), Florida Statutes (1999).

48. Doctors Hospital's proposal will not adversely affect its competitors or health care costs in the subdistrict. Subsection 408.035(1)(l), Florida Statutes (1999).

49. Doctors Hospital does not propose to offer a continuum of care in a multilevel system, as described in Subsection 408.035(1)(o), Florida Statutes (1999).

50. Although the circumstances in each case vary greatly, AHCA has taken a position which is inconsistent with its findings in a prior case concerning inpatient capacity at Doctors Hospital. AHCA has also previously accepted conditions very similar to those at Doctors Hospital as not normal circumstances for the approval of additional acute care beds.

RECOMMENDATION

Based on the foregoing Findings of Fact and Conclusions of Law, it is

RECOMMENDED that a final order be entered granting the application for Certificate of Need Number 9320 for Sarasota Doctors Hospital, Inc., d/b/a Doctors Hospital of Sarasota to add 21 licensed acute care beds.

DONE AND ENTERED this 30th day of March, 2001, in Tallahassee, Leon County, Florida.

ELEANOR M. HUNTER
Administrative Law Judge
Division of Administrative Hearings
The DeSoto Building
1230 Apalachee Parkway
Tallahassee, Florida 32399-3060
(850) 488-9675 SUNCOM 278-9675
Fax Filing (850) 921-6847
www.doah.state.fl.us

Filed with the Clerk of the
Division of Administrative Hearings
this 30th day of March, 2001.

COPIES FURNISHED:

Richard A. Patterson, Esquire
Agency for Health Care Administration
2727 Mahan Drive
Fort Knox Building Three, Suite 3431
Tallahassee, Florida 32308-5403

Stephen A. Ecenia, Esquire
R. David Prescott, Esquire
Rutledge, Ecenia, Purnell & Hoffman, P.A.
215 South Monroe Street, Suite 420
Post Office Box 551
Tallahassee, Florida 32302-0551

Sam Power, Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive
Fort Knox Building Three, Suite 3431
Tallahassee, Florida 32308-5403

Julie Gallagher, General Counsel
Agency for Health Care Administration
2727 Mahan Drive
Fort Knox Building Three, Suite 3431
Tallahassee, Florida 32308-5403

NOTICE OF RIGHT TO SUBMIT EXCEPTIONS

All parties have the right to submit written exceptions within 15 days from the date of this Recommended Order. Any exceptions to this Recommended Order should be filed with the agency that will issue the Final Order in this case.