

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

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AHCA
AGENCY CLERK

2009 JUN 29 P 2:03

**STATE OF FLORIDA,
AGENCY FOR HEALTH CARE
ADMINISTRATION,**

Petitioner,

v.

**NET 30, INC., d/b/a PATIENT
RESOURCES COMPANY,**

Respondent.

CASE NOS. 2009001708

2009001940

DOAH No. 09-1718

RENDITION NO.: AHCA-09- 524 -S-OLC

FINAL ORDER

Having reviewed the administrative complaint dated March 9, 2009, attached hereto and incorporated herein (Ex. 1), and all other matters of record, the Agency for Health Care Administration ("Agency") has entered into a Settlement Agreement (Ex. 2) with the other party to these proceedings, and being otherwise well-advised in the premises, finds and concludes as follows:

ORDERED:

1. The attached Settlement Agreement is approved and adopted as part of this Final Order, and the parties are directed to comply with the terms of the Settlement Agreement.
2. The claim for licensure revocation is withdrawn. The Respondent shall pay administrative costs in the amount of \$5,000.00. The administrative costs are due and payable within thirty (30) days of the date

of rendition of this Order.

3. Checks should be made payable to the "Agency for Health Care Administration." The check, along with a reference to these case numbers, should be sent directly to:

Agency for Health Care Administration
Office of Finance and Accounting
Revenue Management Unit
2727 Mahan Drive, MS# 14
Tallahassee, Florida 32308

4. Unpaid amounts pursuant to this Order will be subject to statutory interest and may be collected by all methods legally available.

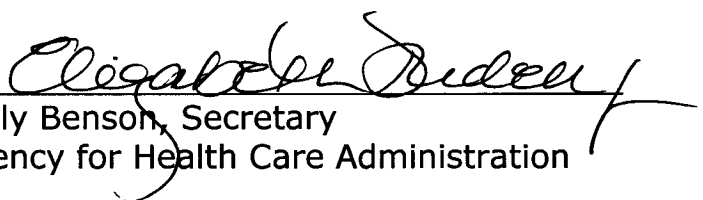
5. Respondent's petition for formal administrative proceedings is hereby dismissed.

6. Each party shall bear its own costs and attorney's fees.

7. The above-styled cases are hereby closed.

DONE and **ORDERED** this 26 day of June, 2009

in Tallahassee, Leon County, Florida.


Holly Benson, Secretary
Agency for Health Care Administration

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW WHICH SHALL BE INSTITUTED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A SECOND COPY, ALONG WITH FILING FEE AS PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE AGENCY MAINTAINS ITS HEADQUARTERS OR WHERE A PARTY RESIDES. REVIEW OF PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF RENDITION OF THE ORDER TO BE REVIEWED.

Copies furnished to:

Caroline M. Barrett, CEO
Patient Resources Company
7520 N.W. 5th Street
Suite 204
Plantation, Florida 33317
(U. S. Mail)

Nelson E. Rodney
Assistant General Counsel
Agency for Health Care Administration
8350 N.W. 52nd Terrace, Suite 103
Miami, Florida 33166
(Interoffice Mail)

William G. Salim, Jr.
Moskowitz, Mandeli, Salim &
Simonwitz, P.A.
800 Corporate Drive, Suite 500
Fort Lauderdale, Florida 33334
(U.S. Mail)

Jan Mills
Agency for Health Care
Administration
2727 Mahan Drive, Bldg #3, MS #3
Tallahassee, Florida 32308
(Interoffice Mail)

Finance & Accounting
Agency for Health Care
Administration
Revenue Management Unit
2727 Mahan Drive, MS #14
Tallahassee, Florida 32308
(Interoffice Mail)

Hon. Claude B. Arrington
Administrative Law Judge
Division of Administrative Hearings
The DeSoto Building
1230 Apalachee Parkway
Tallahassee, Florida 32399-3060
(U.S. Mail)

Home Care Unit
Agency for Health Care Administration
2727 Mahan Drive, MS #34
Tallahassee, Florida 32308
(Interoffice mail)

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order was served on the above-named person(s) and entities by U.S. Mail, or the method designated, on this the 28th day of June, 2007.



Richard Shoop, Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Building #3
Tallahassee, Florida 32308-5403
(850) 922-5873

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

AGENCY FOR HEALTH CARE
ADMINISTRATION,

Petitioner,
v.
NET 30, INC. d/b/a
PATIENT RESOURCES COMPANY,

Respondent.

AHCA Nos. 2009001708
2009001940
Return Receipt Requested:
7008 0500 0002 0764 9817
7008 0500 0002 0764 9824
7008 0500 0002 0764 9831

ADMINISTRATIVE COMPLAINT

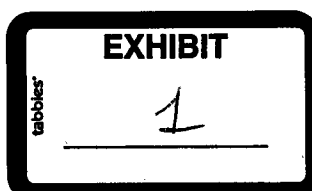
COMES NOW the Agency for Health Care Administration ("AHCA"), by and through the undersigned counsel, and files this Administrative Complaint against Net 30, Inc. d/b/a Patient Resources Company (hereinafter "Patient Resources Company"), pursuant to Chapter 400, Part III, and Section 120.60, Florida Statutes, (2008), and alleges:

NATURE OF THE ACTION

1. This is an action to revoke the license and impose a \$5,000 fine, pursuant to Section 408.474(2)(d), Florida Statutes (2008), and Chapter 59A-8, Florida Administrative Code for the protection of the public health, safety and welfare.

JURISDICTION AND VENUE

2. This Court has jurisdiction pursuant to Sections 120.569 and 120.57, Florida Statutes, and 28-106, Florida Administrative Code.



3. Venue lies in Broward County, pursuant to Section 120.57, Fla. Stat. and Rule 28-106.207, Florida Administrative Code.

PARTIES

4. AHCA is the regulatory authority responsible for licensure and enforcement of all applicable statutes and rules governing home health agencies, pursuant to Chapter 400, Part III, Florida Statutes (2008), Chapter 408, Florida Statutes (2008) and Chapter 59A-8, Florida Administrative Code.

5. Patient Resources Company operates a home health agency located at 7520 NW 5th Street, Suite 204. Patient Resources Company is licensed as a home health agency, license number 299991426, with an expiration date of March 8, 2010. Patient Resources Company was at all times material hereto a licensed facility under the licensing authority of AHCA and was required to comply with all applicable rules and statutes.

COUNT I

**PATIENT RESOURCES COMPANY MAINTAINED FRAUDULENT RECORDS FOR THREE
SAMPLED PATIENTS**

**Section 408.474(2)(d), Florida Statutes (2008)
(FRAUDULENT PATIENT RECORDS)**

UNCLASSIFIED VIOLATION

6. AHCA re-alleges and incorporates paragraphs (1) through (5) as if fully set forth herein.

7. During a complaint investigation conducted from 01/08/09 through 01/15/09 and based on record review and

interview, it was determined that the Home Health Agency (agency) was determined to be maintaining fraudulent patient records, as evidenced by: overlapping visit times documented by LPN (Licensed Practical Nurse) #1 for multiple different patients; nursing visit notes with the same day and times with different vital signs and blood glucose levels documented for Patient #25; pre-charting for Patient #3 and #4.

8. During a review of time sheets for LPN #1, an employee of subcontract agency #1, it was found that she is submitting bills for 16 to 30+ Patient Resources Company home health visits per day in various ALF's (Assisted Living Facility) with one week showing 183 patient visits for the week.

9. A review of patient visit billing for LPN #1 between 11/22/08 through 11/28/08 revealed the following number of patient visits in 3 separate ALF's:

11/22/08 = 36 patient visits

11/23/08 = 35 patient visits

11/25/08 = 33 patient visit

11/26/08 = 35 patient visits

11/27/08 = 30 patient visits

10. A review of the 11/22/08 nursing visit notes for LPN #1 revealed multiple visits with overlapping times. Visit times are as follows for 17 different patient visits documented by LPN #1 for 11/22/08 with each line representing visit overlaps:

5:50 AM-6:10 AM

6:00 AM-6:30 AM

6:15 AM-6:35 AM

7:00 AM-7:30 AM

7:05 AM-7:25 AM

7:30 AM-7:50 AM 7:40 AM-8:00 AM 7:40 AM-8:05 AM
7:55 AM-8:15 AM
9:15 AM-9:35 AM 9:25 AM-9:45 AM
3:00 PM-3:20 PM 3:15 PM-3:35 PM 3:25 PM-3:45 PM
3:50 PM-4:10 PM 4:00 PM-4:30 PM 4:15 PM-4:35 PM

11. During an interview with the LPN at an ALF on 1/12/09 at 5:30 PM, she stated that she "got overloaded and I got lax." She added that she wasn't as organized as she should have been and didn't keep up with visit times very well. She stated that, since the onset of this complaint investigation, she has resigned from doing patient visits in 2 of the ALF's and is working on getting more organized.

12. A record review for Patient #25 revealed 4 nursing notes for 6/01/08; two have the visit time documented as 8:30 AM-9:00 AM and 2 have the visit time documented as 4:30 PM-5:00 PM; all 4 notes contain the same nurse's signature and all 4 notes have different vital signs and blood glucose levels documented.

13. During an interview with the Administrator on 1/15/09 at approximately 11:00 AM, she stated that the nurse initially faxed 2 notes for the day to the agency's office without the patient caregiver's signature; she stated that the faxed copies should not have been left in the clinical record and should have been destroyed when the original notes came into the agency's office; she stated that the nurse said that the faxed copies had the wrong patient name on them. All 4 notes have Patient #25's name listed as the patient. There was no explanation as to why

the visit times would be the same if the nurse made a mistake in the patient name.

14. A record review for Patient #3 revealed that the majority of twice daily nursing notes from 11/16/08 through 1/3/09 state the following: no caregiver available; unable to self administer; tolerate SN well; SN administered. The insulin dosage, vital signs and blood glucose reading are then in a different ink and/or handwriting. Following an interview with the Administrator and DON (Director of Nursing) on 1/12/09 at 3:00 PM, no additional information was provided.

15. A record review for Patient #4 revealed that the patient receives nursing visits twice daily for blood glucose monitoring and insulin injections. The AM and PM nursing visit notes from 12/03/08 through 12/10/08 show a pre-typed assessment that indicates the following: no deficits in cardiovascular, genitourinary or respiratory status, skin is warm and dry with no deficits, bowel sounds are present, meals are prepared and administered appropriately, and the patient has weakness, no pain. Under skilled intervention, the following is typed in: BS (blood sugar) accucheck taken; Lantus (insulin) 18 u (units) AM/ 4 u PM admin SQ in RUE/LUE + (blank) u Humalog admin SQ; tolerated procedure well; unable to perform own care due to decreased manual dexterity. The blank in front of the Humalog is handwritten in as are the patient's vital signs and blood sugar. Following an interview with the Administrator and DON (Director

of Nursing) on 1/12/09 at 3:00 PM, no additional information was provided.

16. Based on the foregoing, Patient Resources Company violated 408.474(2)(d), Florida Statutes (2008), which carries, in this case, a revocation of license.

COUNT II

PATIENT RESOURCES COMPANY RECEIVES REFERRALS FROM ALF WITHOUT ADVISING THE PATIENT OF THE RIGHT TO HAVE A HOME HEALTH AGENCY OF THEIR OWN CHOOSING
Section 400.476(6), Florida Statutes
(INAPPROPRIATE STAFFING)

UNCLASSIFIED VIOLATION

17. AHCA re-alleges and incorporates paragraph (1) through (5) as if fully set forth herein.

18. During the biennial survey conducted from 01/12/09 through 01/15/09 and based on observation, patient and staff interviews and a review of clinical records, it was determined that the HHA (Home Health Agency) receives referrals from ALF (Assisted Living Facility) #1, to provide home health care services to their residents who require Insulin injections, because of the HHA's use of subcontracted nurses from subcontract agency #1, without advising the patient of the right to have a Home Health Agency of their own choosing for 4 of 25 sampled patients (Patient #4, #6, #16 and #22).

19. A record review for Patient #4 revealed that the patient was admitted to the HHA's service on 6/21/07, resides at ALF #1 and receives home health nursing visits twice daily for

blood glucose monitoring and Insulin injections. During a patient home visit with the nurse on 1/12/09 at 4:00 PM, the patient was observed to remain alert and oriented, appropriately responsive and independently ambulatory. The patient stated that home health visits have been conducted in his/her apartment since 12/9/08 and it was much better for her/him stating, "Now, if I don't want to go downstairs, I don't have to." The patient stated that she/he likes to keep abreast of things and even obtains a list of her/his medications from the ALF staff at least monthly because she/he wants to know what is going on with him/her and what medications are being given to him/her. The patient stated that she/he could probably do the Insulin but she/he didn't think it was allowed in the ALF, no one has ever tried to teach him/her and she/he really didn't want to. When asked if she/he had chosen Patient Resources Company as her/his HHA, the patient responded, "No, did I have a choice?" When informed of his/her right to choose, the patient stated that it was very upsetting to know that she/he wasn't being informed of his/her rights adding, "Why all the secrecy? It makes you think someone's trying to hide something." When asked if the patient knew how to contact the HHA, the patient responded, "No." The nurse then handed the patient her/his HHA folder and stated, "She/he does now." The patient responded, "I get to keep this?"

20. A record review for Patient #6 revealed that the patient resides in an ALF and receives home health nursing daily for blood glucose monitoring and Insulin injection. During a

patient home visit with LPN #1 (an employee of subcontract agency #1) on 1/12/09 at 5:00 PM, the patient was observed to be alert and appropriately responsive and independently ambulatory. The LPN conducted the home visit in the patient's room. When asked if the nursing visits are usually conducted in the patient's room, the patient responded, "No; I usually go to the nursing office but it's right next to the dining room so, I don't mind." When asked if the patient chose the home health agency, the patient responded, "No, it was assigned to me." When asked if she/he knew how to contact the home health agency, she/he stated that the ALF staff would contact the home health agency if needed.

21. A record review for Patient #16 revealed that the patient was admitted to the HHA's service on 11/4/08. The patient resides in an ALF and receives the services of a home health nurse twice daily for blood glucose monitoring and Insulin injections and a home health aide three times weekly to assist with personal care needs. During a patient home visit with the home health aide on 1/15/09 at 8:00 AM, the patient was asked if she/he had chosen the home health agency to provide his/her care. The patient responded that s/he had not chosen the HHA and did not know how she/he came to receive the HHA's services.

22. A review of the medical record for Patient #22 revealed that the HHA admitted the patient to their service on 10/02/07 to provide medication injections three times per week. During a patient home visit with the nurse on 1/14/09 at 9:30 AM, the patient, who is a resident of an ALF stated he/she didn't pick

out the home health agency. "I had to use her - she's the nurse of the building." The patient went on to state, during the interview that no one told him/her that a different provider of home health services could be utilized.

23. Based on the foregoing, Patient Resources Company violated 400.474(6)(a)(2), Florida Statutes (2008), which carries, in this case, a revocation of license and a \$5,000.00 fine.

PRAYER FOR RELIEF

WHEREFORE, the Petitioner, State of Florida Agency for Health Care Administration requests the following relief:

A. Make factual and legal findings in favor of the Agency on Counts I and II.

B. Revoke the Respondent's license and impose a \$5,000.00 fine, pursuant to Sections 408.474(2)(d), and 400.474(6)(2)(a), Florida Statutes (2008).


C. Grant such other relief as this Court deems is just and proper.

Respondent is notified that it has a right to request an administrative hearing pursuant to Sections 120.569 and 120.57; Florida Statutes (2008). Specific options for administrative action are set out in the attached Election of Rights Form. All requests for hearing shall be made to the Agency for Health Care

Administration, and delivered to the *Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #3, Tallahassee, Florida 32308, attention Agency Clerk, telephone (850) 922-5873.*

RESPONDENT IS FURTHER NOTIFIED THAT THE FAILURE TO RECEIVE A REQUEST FOR A HEARING WITHIN 21 DAYS OF RECEIPT OF THIS COMPLAINT WILL RESULT IN AN ADMISSION OF THE FACTS ALLEGED IN THE COMPLAINT AND THE ENTRY OF A FINAL ORDER BY THE AGENCY.

IF YOU WANT TO HIRE AN ATTORNEY, YOU HAVE THE RIGHT TO BE REPRESENTED BY AN ATTORNEY IN THIS MATTER.



Nelson E. Rodney
Assistant General Counsel
Agency for Health Care
Administration
8350 N. W. 52nd Terrace
Suite 103
Miami, Florida 33166

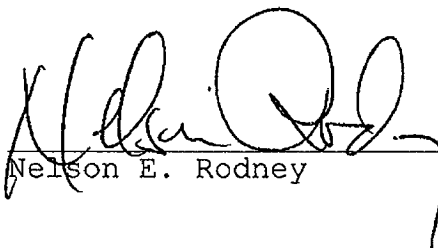
Copies furnished to:

Field Office Manager
Agency for Health Care Administration
5150 Linton Boulevard, Suite 500
Delray Beach, Florida 33484
(Inter-office mail)

Home Care Unit Program
Agency for Health Care Administration
2727 Mahan Drive
Tallahassee, Florida 32308
(Interoffice Mail)

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by U.S. Certified Mail, Return Receipt Requested to Minerva Haller-Morella, Administrator, Patient Resources Company, 7520 NW 5th Street, Suite #204, Plantation, Florida 33317; Net 30, Inc. 75 Maiden Lane, 7th Floor, New York, NY 10038, and to Lexis Document Services, Inc. 1201 Hays Street, Tallahassee, Florida 32301 on March 9, 2009.


Nelson E. Rodney



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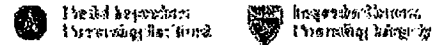
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Dario Pave</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>3/10</i></p>
<p>1. Article Addressed to:</p> <p><i>Minerva Haller-Morella Patient Resources Company 7520 NW 15th St. #204 Plantation, FL 33317</i></p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <i>7008 0500 0002 0764 9817</i> (Transfer from service label)</p>	

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA,
AGENCY FOR HEALTH
CARE ADMINISTRATION,

Petitioner,

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NET 30, INC., d/b/a PATIENT
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Respondent.

AHCA Nos. 2009001708
2009001940
DOAH No. 09-1718

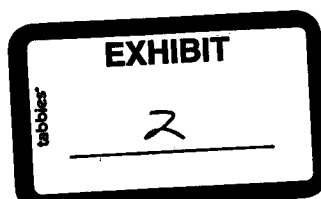
SETTLEMENT AGREEMENT

Petitioner, State of Florida, Agency for Health Care Administration (hereinafter the "Agency"), through its undersigned representatives, and Respondent, Net 30, Inc. d/b/a Patient Resources Company (hereinafter "Respondent"), through its undersigned representatives, pursuant to Section 120.57(4), Florida Statutes, each individually, a "party," collectively as "parties," hereby enter into this Settlement Agreement ("Agreement") and agree as follows:

WHEREAS, Respondent is a Home Health Agency licensed (License No. 299991426) pursuant to Chapter 400, Part III, Florida Statutes, Section 20.42, Florida Statutes Chapter 408, Part II, Florida Statutes, and Chapter 59A-8, Florida Administrative Code; and

WHEREAS, the Agency has jurisdiction by virtue of being the regulatory and licensing authority over Respondent, pursuant to Chapter 400, Part III, Florida Statutes; and

WHEREAS, the Agency served Respondent with an Administrative Complaint on or about March 10, 2009, notifying the Respondent of its intent to impose administrative fines in the amount of \$5,000.00 and seek revocation of license; and



WHEREAS, Respondent disputed and denied the allegations of the Administrative Complaint and requested a formal administrative proceeding by selecting Option 3 on the Election of Rights form; and

WHEREAS, the parties have negotiated and agreed that the best interest of all the parties will be served by a settlement of this proceeding; and

NOW THEREFORE, in consideration of the mutual promises and recitals herein, the parties intending to be legally bound, agree as follows:

1. All recitals above are true and correct and are expressly incorporated herein.
2. Both parties agree that the “whereas” clauses incorporated herein are binding findings of the parties.
3. Upon full execution of this Agreement, Respondent agrees to waive any and all appeals and proceedings to which it may be entitled as to the Administrative Complaint including, but not limited to, an informal proceeding under Subsection 120.57(2), Florida Statutes, a formal proceeding under Subsection 120.57(1), Florida Statutes, appeals under Section 120.68, Florida Statutes; and declaratory and all writs of relief in any court or quasi-court of competent jurisdiction; and agrees to waive compliance with the form of the Final Order (findings of fact and conclusions of law) to which it may be entitled, provided, however, that no agreement herein shall be deemed a waiver by either party of its right to judicial enforcement of this Agreement.
4. Upon full execution of this Agreement, Respondent agrees to pay \$5,000.00 in administrative costs to the Agency within thirty (30) days of the entry of the Final Order.
5. Venue for any action brought to enforce the terms of this Agreement or the Final Order entered pursuant hereto shall lie in the Circuit Court in Leon County, Florida.

6. By executing this Agreement, Respondent does not admit and the Agency does not deny the validity of the allegations raised in the Administrative Complaint referenced herein. However, no agreement made herein shall preclude the Agency from seeking to impose a penalty against Respondent for any deficiency/violation of statute or rule identified in a future survey of Respondent, including any which constitutes an alleged "repeat" or "uncorrected" deficiency from surveys identified in the Administrative Complaint or a pattern of deficient performance.

7. Further, Respondent acknowledges and agrees that this Agreement shall not preclude or estop any other federal, state, or local agency or office from pursuing any cause of action or taking any action, even if based on or arising from, in whole or in part, the facts raised in the Administrative Complaint.

8. Upon full execution of this Agreement, the Agency shall enter a Final Order adopting and incorporating the terms of this Agreement and closing the above-styled case. Except as delineated in paragraph 6 above, the Agency will take no further action against Respondent, its agents, representatives or employees, based upon the matters raised in the Administrative Complaint.

9. Each party shall bear its own costs and attorney's fees.

10. This Agreement shall become effective on the date upon which it is fully executed by all the parties.

11. Respondent for itself and for its related or resulting organizations, its successors or transferees, attorneys, heirs, and executors or administrators, does hereby discharge the State of Florida, Agency for Health Care Administration, and its agents, representatives, and attorneys of and from all claims, demands, actions, causes of action, suits, damages, losses, and expenses, of any and every nature whatsoever, arising out of or in any way related to the matters raised in

the Administrative Complaint or this Agreement, and the Agency's actions, including, but not limited to, any claims that were or may be asserted in any federal or state court or administrative forum, including any claims arising out of this agreement, by or on behalf of Respondent or related facilities.

12. This Agreement is binding upon all parties herein and those identified in paragraph eleven (11) of this Agreement.

13. Respondent agrees that if any funds to be paid under this agreement to the Agency are not paid within thirty-one (31) days of entry of the Final Order in this matter, the Agency may deduct the amounts assessed against Respondent in the Final Order, or any portion thereof, owed by Respondent to the Agency from any present or future funds owed to Respondent by the Agency, and that the Agency shall hold a lien against present and future funds owed to Respondent by the Agency for said amounts until paid.

14. The undersigned have read and understand this Agreement and have the authority to bind their respective principals to it.

15. This Agreement contains and incorporates the entire understandings and agreements of the parties.

16. This Agreement supersedes any prior oral or written agreements between the parties.

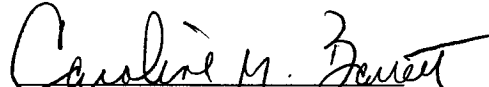
17. This Agreement may not be amended except in writing. Any attempted assignment of this Agreement shall be void.

18. All parties agree that a facsimile signature suffices for an original signature.

The following representatives hereby acknowledge that they are duly authorized to enter into this Agreement.



Elizabeth Dudek
Deputy Secretary
Agency for Health Care Administration
2727 Mahan Drive, Bldg #1
Tallahassee, Florida 32308



Caroline M. Barrett
CEO
Patient Resources Company
7520 N.W. 5th Street, Suite 204
Plantation, Florida 33317

DATED 6/26/2009

DATED 5/28/09



Justin Senior, General Counsel
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308



Nelson Rodney, Assistant General Counsel
Agency for Health Care Administration
8350 NW 52nd Terrace, Suite 103
Miami, Florida 33166

DATED 6/25/09

DATED 6/1/09