

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

2012 JUN 21 A 8:28

NATIONAL NURSING POOL, INC.,

Petitioner,

DOAH NO: 10-1502

vs.

AHCA NO: 2010000783

RENDITION NO.: AHCA-12-06555-OLC

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Respondent.

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

CASE NO: 10-515PH

vs.

AHCA NO: 2010005631

NATIONAL NURSING POOL, INC.,

Respondent.

NATIONAL NURSING POOL, INC.,

Petitioner,

DOAH NO: 10-9952

vs.

AHCA NO: 2010009639

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Respondent.

FINAL ORDER

Having reviewed the attached Notices of Intent to Deem Application Incomplete and Withdrawn from Further Review, Administrative Complaint, and Notice of Intent to Deny, and all other matters of record, the Agency for Health Care Administration ("the Agency") finds and concludes as follows:

1. The Agency has jurisdiction over the above-named Provider (“the Provider”) pursuant to Chapter 408, Part II, Florida Statutes, and the applicable authorizing statutes and administrative code provisions.

2. The Agency issued the attached Notices of Intent to Deem Application Incomplete and Withdrawn from Further Review, Administrative Complaint, Notice of Intent to Deny, and Election of Rights forms to the Provider. (Composite Ex. 1) The Election of Rights forms advised of the right to an administrative hearing.

3. The parties have since entered into the attached Settlement Agreement. (Ex. 2)

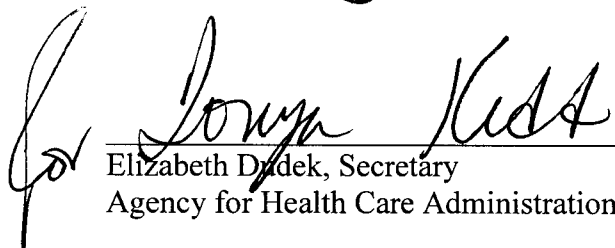
Based upon the foregoing, it is **ORDERED**:

1. The Settlement Agreement is adopted and incorporated by reference into this Final Order. The parties shall comply with the terms of the Settlement Agreement.

2. The Provider shall pay the Agency an administrative fee of \$500.00 in connection with AHCA No. 2010009638 and \$6,000.00 in administrative fines in connection with AHCA No. 2010005631. If full payment has been made, the cancelled check acts as receipt of payment and no further payment is required. If full payment has not been made, payment is due within 30 days of the Final Order. Overdue amounts are subject to statutory interest and may be referred to collections. A check made payable to the “Agency for Health Care Administration” and containing the AHCA ten-digit case numbers should be sent to:

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

ORDERED in Tallahassee, Florida, on this 20 day of June, 2012.

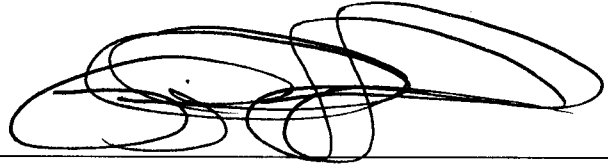

Elizabeth Dzydek, Secretary
Agency for Health Care Administration

NOTICE OF RIGHT TO JUDICIAL REVIEW

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.

CERTIFICATE OF SERVICE

I CERTIFY that a true and correct copy of this Final Order was served on the below-named persons by the method designated on this 2nd day of June, 2012.



Richard Shoop, Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Bldg. #3, Mail Stop #3
Tallahassee, Florida 32308-5403
Telephone: (850) 412-3630

Jan Mills Facilities Intake Unit (Electronic Mail)	Finance & Accounting Revenue Management Unit (Electronic Mail)
D. Carlton Enfinger, Senior Attorney Office of the General Counsel Agency for Health Care Administration (Electronic Mail)	Michael P. Gennett, Esquire Akerman Senterfitt 1 Southeast 3rd Avenue, Floor 25 Miami, Florida 33131-1700 (U.S. Mail)
Alba M. Rodriguez, Senior Attorney Office of the General Counsel Agency for Health Care Administration (Electronic Mail)	Yehia Abdelmonem, Administrator National Nursing Pool, Inc. 1620 West Oakland Boulevard Oakland Park, Florida 33311 (U.S. Mail)
June C. McKinney Administrative Law Judge Division Of Administrative Hearings (Electronic Mail)	

2010000783

RECEIVED
AHCA
COUNSEL
CHARLIE CRIST
GOVERNOR
JAN 27 P 12:30



THOMAS W. ARNOLD
SECRETARY

January 24, 2010

CERTIFIED MAIL / RETURN RECEIPT REQUESTED

ADMINISTRATOR
National Nursing Pool Inc
1620 W Oakland Park Blvd, Ste 1
Oakland Park, FL 33311

Certified Article Number

7160 3901 9848 4934 5366 License Number: 20743096

SENDER'S RECORD

Case #: 2010000783

NOTICE OF INTENT TO DEEM APPLICATION INCOMPLETE AND WITHDRAWN FROM FURTHER REVIEW

Your application for license is deemed incomplete and withdrawn from further consideration pursuant to Section 408.806(3)(b), Florida Statutes, which states that "Requested information omitted from an application for licensure, license renewal, or change of ownership, other than an inspection, must be filed with the agency within 21 days after the agency's request for omitted information or the application shall be deemed incomplete and shall be withdrawn from further consideration and the fees shall be forfeited".

You were notified by correspondence dated July 28, 2009 to provide further information addressing identified apparent errors or omissions within twenty-one days from the receipt of the Agency's correspondence. Our records indicate you received this correspondence by certified mail on August 4, 2009. As this requested information was not timely received by the Agency, your application is deemed incomplete and withdrawn from further consideration. The outstanding issues remaining for licensure are:

1. The applicant did not name an administrator for the home health agency. No resume or name for the administrator was submitted in response to the omission letter. The administrator is a required position for home health agencies. Kurt Joseph, one of the sellers, sent a letter dated December 28, 2009 and received by the Agency on January 8, 2010 stating that he was stepping down as the administrator. Mr. Joseph had been the administrator of record; however, his name was never entered in the application as the administrator.

The pertinent statutes and rules that apply include the following;

Section 400.462 (1), Florida Statutes (F.S.), "Administrator" means a direct employee, as defined in subsection (9), who is a licensed physician, physician assistant, or registered nurse licensed to practice in this state or an individual having at least 1 year of supervisory or administrative experience in home health care or in a facility licensed under chapter 395, under part II of this chapter, or under part I of chapter 429."

Section 408.806 (1), F.S., "An application for licensure must be made to the agency on forms furnished by the agency, submitted under oath, and accompanied by the appropriate fee in order to be accepted and considered timely. The application must contain information required by authorizing statutes and applicable rules..."

Section 400.476 (1) (a), F.S., "ADMINISTRATOR.--



(a) An administrator may manage only one home health agency, except that an administrator may manage up to five home health agencies if all five home health agencies have identical controlling interests as defined in s. 408.803 and are located within one agency geographic service area or within an immediately contiguous county. If the home health agency is licensed under this chapter and is part of a retirement community that provides multiple levels of care, an employee of the retirement community may administer the home health agency and up to a maximum of four entities licensed under this chapter or chapter 429 which all have identical controlling interests as defined in s. 408.803. An administrator shall designate, in writing, for each licensed entity, a qualified alternate administrator to serve during the administrator's absence."

Section 59A-8.003 (10) (a) through (c), Florida Administrative Code (F.A.C.), "A home health agency has the following responsibility in terms of hours of operation:

(a) The home health agency administrator and director of nursing, or their alternates, must be available to the public for any eight consecutive hours between 7:00 a.m. and 6:00 p.m., Monday through Friday of each week, excluding legal and religious holidays. Available to the public means being readily available on the premises or by telecommunications.

(b) When the administrator and the director of nursing are not on the premises during designated business hours, a staff person must be available to answer the phone and the door and must be able to contact the administrator and the director of nursing by telecommunications. This individual can be a clerical staff person.

(c) If an AHCA surveyor arrives on the premises to conduct an unannounced survey and the administrator, the director of nursing, or a person authorized to give access to patient records, are not available on the premises they, or the designated alternate, must be available on the premises within an hour of the arrival of the surveyor. A list of current patients must be provided to the surveyor within two hours of arrival if requested."

2. The applicant's alternate administrator/director of nursing left the agency while the application was still under review. The applicant stated that the alternate director of nursing would assume the position of director of nursing until a replacement could be found in a letter to the Agency dated August 27, 2009. The response to the omission letter was received August 24, 2009 and contained the resume for the individual that left the home health agency as the proposed alternate administrator/director of nursing. No replacement resume was ever submitted.

Their application did contain the name of an RN Delegate. The applicant was requested in the omission letter to submit a resume for the RN Delegate. Since the applicant did not send in a resume, it was not possible to determine if the individual named to be the alternate director of nursing was the RN Delegate and if that individual qualified for the position.

The pertinent statutes and rules that apply include the following;

Section 408.806 (1) F.S., "An application for licensure must be made to the agency on forms furnished by the agency, submitted under oath, and accompanied by the appropriate fee in order to be accepted and considered timely. The application must contain information required by authorizing statutes and applicable rules..."

Section 400.462(10), F.S., "Director of nursing" means a registered nurse who is a direct employee, as defined in subsection (9), of the agency and who is a graduate of an approved school of nursing and is licensed in this state; who has at least 1 year of supervisory experience as a registered nurse; and who is responsible for overseeing the professional nursing and home health aid delivery of services of the agency."

Section 59A-8.0095(2), Florida Administrative Code (F.A.C.), " Director of Nursing.

(a) The director of nursing of the agency shall:

1. Meet the criteria as defined in Section 400.462(10), F.S.;
2. Supervise or manage, directly or through qualified subordinates, all personnel who provide direct patient care;
3. Ensure that the professional standards of community nursing practice are maintained by all nurses providing care;
4. Maintain and adhere to agency procedure and patient care policy manuals; and

(b) If the administrator is not a physician or registered nurse, the director of nursing shall:

1. Establish service policies and procedures in compliance with Chapter 64E-16, F.A.C., and state health statutes and administrative rules pursuant to Section 381.0011(4), F.S., which generally conform to recommended Centers for Disease Control (CDC) and Occupational Safety and Health Agency (OSHA) guidelines for safety, universal precautions and infection control procedures;
2. Employ and evaluate nursing personnel;
3. Coordinate patient care services; and
4. Set or adopt policies for, and keep records of criteria for admission to service, case assignments and case management.

(c) The director of nursing shall establish and conduct an ongoing quality assurance program which assures:

1. Case assignment and management is appropriate, adequate, and consistent with the plan of care, medical regimen and patient needs;
2. Nursing and other services provided to the patient are coordinated, appropriate, adequate, and consistent with plans of care;
3. All services and outcomes are completely and legibly documented, dated and signed in the clinical service record;
4. Confidentiality of patient data is maintained; and
5. Findings of the quality assurance program are used to improve services."

3. The applicant was requested to provide a resume for the alternate administrator. The resume submitted was for the individual that left the home health agency on August 27, 2009, four days after the receipt of the response to the omission letter. No replacement resume for the alternate administrator was received.

The pertinent statutes and rules that apply include the following:

Section 400.462 (1), F.S., "Administrator" means a direct employee, as defined in subsection (9), who is a licensed physician, physician assistant, or registered nurse licensed to practice in this state or an individual having at least 1 year of supervisory or administrative experience in home health care or in a facility licensed under chapter 395, under part II of this chapter, or under part I of chapter 429."

Section 400.476 (1) (a) Staffing requirements; notifications; limitations on staffing services.

(1) ADMINISTRATOR.--

(a) An administrator may manage only one home health agency, except that an administrator may manage up to five home health agencies if all five home health agencies have identical controlling interests as defined in s. 408.803 and are located within one agency geographic service area or within an immediately contiguous county. If the home health agency is licensed under this chapter and is part of a retirement community that provides multiple levels of care, an employee of the retirement community may administer the home health

agency and up to a maximum of four entities licensed under this chapter or chapter 429 which all have identical controlling interests as defined in s. 408.803. An administrator shall designate, in writing, for each licensed entity, a qualified alternate administrator to serve during the administrator's absence.

Section 408.806 (1), F.S., "An application for licensure must be made to the agency on forms furnished by the agency, submitted under oath, and accompanied by the appropriate fee in order to be accepted and considered timely. The application must contain information required by authorizing statutes and applicable rules..."

Section 59A-8.0095 (a) 2., F.A.C., Administrator.

(a) The administrator of the agency shall:

2. Designate, in writing a direct employee or an individual covered under a management company contract to manage the home health agency or an employee leasing contract, pursuant to Section 468.520, F.S., that provides the agency with full control over all operational duties and responsibilities to serve as an on-site alternate administrator during absences of the administrator. This person will be available during designated business hours, when the administrator is not available. Available during designated business hours means being readily available on the premises or by telecommunications. During the absence of the administrator, the on-site alternate administrator will have the responsibility and authority for the daily operation of the agency. The alternate administrator must meet qualifications as stated in Section 400.462(1), F.S.

Section 59A-8.003(10), F.A.C., "A home health agency has the following responsibility in terms of hours of operation:

(a) The home health agency administrator and director of nursing, or their alternates, must be available to the public for any eight consecutive hours between 7:00 a.m. and 6:00 p.m., Monday through Friday of each week, excluding legal and religious holidays. Available to the public means being readily available on the premises or by telecommunications.

(b) When the administrator and the director of nursing are not on the premises during designated business hours, a staff person must be available to answer the phone and the door and must be able to contact the administrator and the director of nursing by telecommunications. This individual can be a clerical staff person.

(c) If an AHCA surveyor arrives on the premises to conduct an unannounced survey and the administrator, the director of nursing, or a person authorized to give access to patient records, are not available on the premises they, or the designated alternate, must be available on the premises within an hour of the arrival of the surveyor. A list of current patients must be provided to the surveyor within two hours of arrival if requested.

4. The applicant did not send evidence of current insurance. They submitted a binder which indicates an intent to purchase insurance.

The pertinent statutes and rules that apply include the following;

Section 408.806 (1), F.S., "An application for licensure must be made to the agency on forms furnished by the agency, submitted under oath, and accompanied by the appropriate fee in order to be accepted and considered timely. The application must contain information required by authorizing statutes and applicable rules..."

Section 400.471 (3) (a) (b), F.S., "In addition to the requirements of s. 408.810, the home health agency must also obtain and maintain the following insurance coverage in an amount

of not less than \$250,000 per claim, and the home health agency must submit proof of coverage with an initial application for licensure and with each application for license renewal:

- (a) Malpractice insurance as defined in s. 624.605(1)(k).
- (b) Liability insurance as defined in s. 624.605(1)(b)."

5. The applicant did not submit a Certificate of Status as requested in the omission letter.

The pertinent statutes and rules that apply include the following:

Section 408.806 (1) F.S., "An application for licensure must be made to the agency on forms furnished by the agency, submitted under oath, and accompanied by the appropriate fee in order to be accepted and considered timely. The application must contain information required by authorizing statutes and applicable rules..."

Section 59A-8.004 (2), F. A.C., "A corporate applicant shall identify the state of incorporation, its legal name, its business name, and the names and addresses of corporate officers and directors, the name and address of each person having at least a 5% equity interest in the corporation. For initial and change of ownership applications and corporate name changes, a current certificate of status or authorization pursuant to Chapter 607, F.S., is required."

6. The applicant has two outstanding fines that have not been paid. Complaint # 2009002480 for a Quarterly Report not submitted in July 2008 and Complaint # 2009004830 for repeat survey deficiencies is outstanding and has not been paid. A license cannot be issued if there are any outstanding fines to be paid by the home health agency.

The pertinent statutes and rules that apply include the following:

Section 408.831 Denial, suspension, or revocation of a license, registration, certificate, or application.--

(1) In addition to any other remedies provided by law, the agency may deny each application or suspend or revoke each license, registration, or certificate of entities regulated or licensed by it:

(a) If the applicant, licensee, or a licensee subject to this part which shares a common controlling interest with the applicant has failed to pay all outstanding fines, liens, or overpayments assessed by final order of the agency or final order of the Centers for Medicare and Medicaid Services, not subject to further appeal, unless a repayment plan is approved by the agency; or

(b) For failure to comply with any repayment plan.

EXPLANATION OF RIGHTS

Pursuant to Section 120.569, F.S., you have the right to request an administrative hearing. In order to obtain a formal proceeding before the Division of Administrative Hearings under Section 120.57(1), F.S., your request for an administrative hearing must conform to the requirements in Section 28-106.201, Florida Administrative Code (F.A.C), and must state the material facts you dispute.

SEE ATTACHED ELECTION AND EXPLANATION OF RIGHTS FORMS.

Anne Menard

Anne Menard, Manager
Home Care Unit

cc: Agency Clerk, Mail Stop 3
Legal Intake Unit, Mail Stop 3

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: National Nursing Pool Inc

CASE NO: 2010000783

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed Notice of Intent to Deem Incomplete and Withdraw from Further Review of the Agency for Health Care Administration (AHCA). The title may be **Notice of Intent to Deem Incomplete and Withdraw from Further Review or some other notice of intended action by AHCA.**

An Election of Rights must be returned by mail or by fax within 21 days of the day you receive the attached Notice of Intent to Deem Incomplete and Withdraw from Further Review or any other proposed action by AHCA.

If an Election of Rights with your selected option is not received by AHCA within twenty-one (21) days from the date you received this notice of proposed action, you will have given up your right to contest the Agency's proposed action and **a final order will be issued.**

(Please reply using this Election of Rights form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes (2006) and Rule 28, Florida Administrative Code.)

Please return your ELECTION OF RIGHTS to:

Agency for Health Care Administration
Attention: Agency Clerk
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308
Phone: (850) 922-5873 Fax: (850) 921-0158

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS:

OPTION ONE (1) _____ **I admit to the allegations of facts and law contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review, or other notice of intended action by AHCA and I waive my right to object and have a hearing.** I understand that by giving up my right to a hearing, a final order will be issued that adopts the proposed agency action and imposes the proposed penalty, fine or action.

OPTION TWO (2) _____ **I admit to the allegations of facts contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review, or other proposed action by AHCA, but I wish to be heard at an informal proceeding** (pursuant to Section 120.57(2), Florida Statutes) where I may submit testimony and written evidence to the Agency to show that the proposed administrative action is too severe or that the fine should be reduced.

OPTION THREE (3) _____ **I dispute the allegations of fact contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review or other proposed action by AHCA, and I request a formal hearing** (pursuant to Section 120.57(1), Florida Statutes) before an Administrative Law Judge appointed by the Division of Administrative Hearings.

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR HEALTH
CARE ADMINISTRATION,

Petitioner,

v.

NATIONAL NURSING POOL INC. d/b/a
NATIONAL NURSING POOL, INC.,

Respondent.

AHCA No.: 2010005631

Return Receipt Requested:

7002 2410 0001 4236 3876

ADMINISTRATIVE COMPLAINT

COMES NOW the State of Florida, Agency for Health Care Administration ("AHCA"), by and through the undersigned counsel, and files this administrative complaint against National Nursing Pool Inc. d/b/a National Nursing Pool Inc. (hereinafter "National Nursing Pool, Inc."), pursuant to Chapter 400, Part III, and Section 120.60, Florida Statutes (2009), and herein alleges:

NATURE OF THE ACTION

1. This is an action to impose an administrative fine of \$6,000.00 pursuant to Section 400.484, Florida Statutes (2009), for the protection of public health, safety and welfare.

JURISDICTION AND VENUE

2. AHCA has jurisdiction pursuant to Chapter 400, Part III, Florida Statutes (2009).

3. Venue lies pursuant to 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 (2009), and Chapter 59A-8 Florida Administrative Code.

5. National Nursing Pool Inc. operates a home health agency located at 1620 W. Oakland Park Blvd, Suite 302, Oakland Park, Florida 33311. National Nursing Pool Inc. is licensed as a home health agency under license number 20743096. National Nursing Pool Inc. 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

NATIONAL NURSING POOL INC. FAILED TO ENSURE THAT THE CLINICAL RECORD WAS AVAILABLE, ACCURATE, AND COMPLETE.

SECTION 400.491, FLORIDA STATUTES

(CLINICAL RECORDS STANDARDS)

CLASS III

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

7. National Nursing Pool Inc. was cited with one (1) Class III deficiency as a result of certification surveys conducted on March 26, 2010 and May 10, 2010.

8. A certification survey was conducted on March 26, 2010. Based on clinical record review, observation, and interview, it was determined that the Home Health Agency (HHA) failed to ensure the clinical record was available, accurate, and complete for 5 of 11 sampled patients as evidenced by no clinical record available in the home for Patients #6 and #9; oxygen treatment not documented on the plan of care for Patient #8; medication record not available in the clinical record for Patient #4; and 3 weeks of clinical records not available for review for Patient #11. The findings include the following.

9. Patient #4 was admitted to the HHA on 02/27/10 with diagnoses to include cerebral palsy and quadriplegia. Review of the plan of care reveals the patient is on 5 medications. Review

of the clinical record revealed no medication record for review documenting the medications indications for use and side effects.

10. An interview was conducted with the HHA's Assistant Director of Nursing on 03/25/10 at approximately 2:30 PM who stated he used the HHA's Intake Information Form dated 02/22/10 to generate the plan of care but has not got around to completing the HHA's Medication Record sheet.

11. Patient #6 was admitted to the HHA on 07/30/09 with a diagnosis of diabetes, schizophrenia, and wound to the right ankle. Review of the Physician ordered plan of care includes a Home Health Aide to visit the patient 2 times a day, 7 days a week, to assist with activities of daily living. Additionally the patient is receiving skilled nursing services 6 days a week for wound care to the right ankle.

12. During an in-home visit, conducted on 03/24/10 at 10:45 AM, at the patient's home in an Assisted Living Facility (ALF), the clinical record was requested for review from the ALF Administrator and the ALF Administrator stated he has never seen a chart for this patient but checked the shelf where all the other Home Health Agency charts were stored and was unable to locate the patient's chart.

13. He then proceeded to check in the ALF record and the patient's quarters but no chart was located. An interview was

conducted with the HHA Administrator on 03/24/10 at approximately 1:00 PM and he was unable to explain why the patient did not have a chart in the ALF.

14. The HHA Administrator during the interview on 03/24/10 at approximately 1:00 PM stated there should be a chart in the home because the patient is receiving wound care and if the nurse's schedule changed the next nurse would have to be able to know what the treatment was.

15. Patient #8 was admitted to the HHA on 07/27/09 with diagnoses to include failure to thrive, respiratory distress, and tracheostomy. Review of the plan of care reveals the patient is receiving skilled nursing care 16 hours a day Monday through Friday, and 12 hours on the weekend to do in part vital sign monitoring including respiratory status.

16. During a home visit, conducted on 03/25/10 at 10:50 AM accompanied by the Assistant Director of Nurses, an oxygen concentrator and oxygen was observed in the patient's room. An interview was conducted on 03/25/10 at 11:00 AM with the skilled nurse taking care of the patient who stated the patient requires oxygen at 2 liters per minute during sleeping hours with continuous oxygen saturation monitoring and she stated during the interview on 03/25/10 at 11:00 AM, the patient uses oxygen prn (as needed) if the patient is having respiratory distress.

17. Review of the patient's plan of care reveals under DME (Durable Medical Equipment) and Supplies documentation of oxygen concentrator and oxygen tank. There is no evidence of documentation of amount or frequency for use.

18. Patient #9 was admitted to the HHA on 05/27/09 with a re-certification period of 02/02/10. The principal diagnosis on the plan of care is documented as open wound and other pertinent diagnosis as paraplegia. Review of the plan of care reveals the patient is receiving Home Health Aide services 8 hours a day 7 days a week to assist with activities of daily living and a skilled nursing visit every 60 days for a complete assessment, review of medications and to reevaluate the plan of care.

19. During a home visit conducted on 03/24/10 at 10:00 AM accompanied by the HHA Administrator and Assistant Director of Nurses the home clinical record was requested from the Home Health Aide. She stated, during an interview, on 03/24/10 at 10:00 AM that there is no chart in the home and hands in her sheets to the office. The patient stated, on 03/24/10 at 10:00 AM, during an interview, there was a chart a long time ago but s/he's not sure where it might be and the patient stated s/he did have a pressure ulcer to the buttocks area but it healed months ago.

20. An interview was conducted with the HHA Administrator on 03/24/10 at approximately 10:15 AM who stated there should be

a chart in the home so if a different Aide came in she would know what the plan of care would be. Additionally, he stated during the interview on 03/24/10 at approximately 10:15 AM, when the nurse comes in to do an assessment they need to know if there are any changes in treatment or medications.

21. Patient #11 was admitted to the HHA on 06/19/09 with diagnosis to include osteomyelitis to the right thigh requiring intravenous antibiotics 3 times daily. Review of the Physician ordered plan of care revealed the patient was to have skilled nursing visits 2 times a day 7 days a week to take vital signs, check incision area, and check for any signs of infection; to teach patient and caregiver how to push intravenous antibiotics using sterile technique; clean intravenous site using sterile technique and to inform the supervisor and physician of any changes.

22. Review of the clinical record on 03/23/10 revealed no Skilled Nursing Notes available for review from 06/20/09 through 07/10/09. On 03/23/10 at approximately 2:00 PM, a request was made to the HHA Administrator for the missing Skilled Nursing Notes for the period 06/20/09 through 07/10/09. At 5:00 PM, on 03/23/10 the HHA Administrator stated the Home Health Agency has recently gone through a staff turnover and they are still unable to locate the missing notes stating they may have been misfiled.

23. An interview was conducted on 03/24/10 at 12:15 PM with the HHA Administrator who stated they are looking in storage for the missing notes. As of exit on 03/26/10 at 11:00 AM, the Skilled Nursing Notes were not forthcoming.

24. The mandated date of correction was designated as April 25, 2010.

25. A follow-up survey was conducted on May 15, 2010. Based on record review and interview, it was determined that the Home Health Agency failed to maintain a complete and accurate clinical record for 6 of 6 sampled patients reviewed (Patient #1, #2, #3, #4, #5 and #6) as evidenced by: incomplete physician orders for oxygen for Patient #1; need for skilled care not evident for Patient #2, diet order not clarified and no evidence of documentation of BID (twice daily) HHA (Home Health Aide) visits as ordered; incomplete physician orders for Pulse Oximetry and Oxygen and an inaccurate diagnosis of Gastrostomy with lack of diet clarification for Patient #3; evidence of inaccurate HHA documentation for Patient #4; no evidence of documentation of QID (four times daily) HHA physician visits for Patient #5 and incomplete physician's orders for Pulse Oximetry and Oxygen for Patient #6. The findings include the following.

26. Record review for Patient #1 reveals a POC dated 05/01/10 through 06/29/10 with physician's orders to include SN (Skilled Nursing) 6 hours daily. O2 (Oxygen) is listed under DME

(Durable Medical Equipment) and supplies though there is no evidence of a physician's order on the POC as to when the Oxygen is to be used, at what rate or by what means. During an interview with the DON (Director of Nursing) on 05/10/10 at 1:15 PM, she could give no explanation.

27. Record review for Patient #2 reveals a start of care date of 01/16/09. The POC dated 03/12/10 through 05/10/10 includes physician's orders for SN twice daily to administer tube feeding and HHA (Home Health Aide) to assist with personal care needs twice daily, 7 days a week. The POC also specifies that the patient is to receive a Pure po (by mouth) diet in addition to the tube feeding.

28. Review of the clinical documentation reveals a caregiver teaching sheet which documents that the patient's caregiver is competent in administering the patient's tube feeding. During an interview with the DON on 05/10/10 at 1:15 PM, she was asked why a SN is needed twice daily to administer the patient's tube feeding if the caregiver is competent in the task; she responded that she does not think that the caregiver is able to administer the patient's tube feeding; she could not explain why the caregiver teaching sheet in the clinical record documents that the caregiver is competent in this task and she was asked what a "Pure po" diet is, as listed on the POC; she responded that this should have been puree.

29. Further review of the HHA visit documentation reveals only 1 visit entry per day rather than the twice daily visits as ordered and the time of the visits is not documented. During the 05/10/10, 1:15 PM interview with the DON, she states that the HHA is using one visit entry to document both visits for the day; she agreed that each visit should be documented separately.

30. Record review for Patient #3 reveals a POC from 03/19/10 through 05/17/10 for SN 16 hours daily Monday through Friday and 12 hours daily on Saturday and Sunday with physician's orders to include Tracheostomy care and administration of medications and nebulizer treatments.

31. Under DME/supplies on the POC is listed a Pulse Oximeter and O2 concentrator and tank. There is no evidence of a physician's order on the POC as to when the Pulse Oximeter is to be used or when the oxygen is to be used, at what rate or by what means. This was confirmed during the 5/10/10, 1:15 PM interview with the DON. There is a diagnosis of Gastrostomy on the POC and nutritional requirements include Pediasure 4 cans daily. There is no evidence of documentation of a physician's order to indicate how the Pediasure is to be administered.

32. During the 5/10/10, 1:15 PM, interview with the DON, she states that the patient's Gastrostomy has been closed for a while and the Pediasure is given by mouth and she agrees that the Gastrostomy diagnosis should have been removed from the POC.

Further review reveals that there is a March 2010 medication administration record in the clinical record that documents that the patient is taking medications and the Pediasure by mouth and Oxygen is administered at 2 liters per minute via trach (Tracheostomy) as needed for an Oxygen saturation level below 92%.

33. Record review for Patient #4 reveals a POC dated 04/14/10 through 06/12/10 with physician's orders for a HHA 8 hours daily Monday through Friday and 12 hours daily on Saturday and Sunday to assist the patient with personal care needs. Documentation on the POC and the medication sheet indicate that the patient takes no medications.

34. Review of the HHA visit documentation from 04/09/10 through 04/23/10 reveals indications that the HHA is just checking off boxes down the HHA visit form rather than documenting what was actually performed during the visit; this is indicated by the fact that the HHA is documenting a bed bath, chair bath and shower each visit, a shave, and a pedicure each visit and a reminder to the patient to take medications each visit (there is evidence of documentation that the patient is on no medication.) This was confirmed during the 05/10/10 1:15 PM interview with the DON.

35. Record review for Patient #5 reveals a POC dated 04/09/10 through 06/07/10 with physician's orders for a HHA to

assist the patient with personal care needs 4 times daily, 7 days a week. Review of the HHA visit documentation reveals only 1 visit entry per day rather than the four daily visits as ordered.

36. During the 05/10/10, 1:15 PM interview with the DON, she states that the HHA is using one visit entry to document all visits for the day; she agreed that each visit should be documented separately. Continued review reveals that there is a communication note in the clinical record that the patient left for Jamaica on 04/17/10 and would be gone for 1 month. During the 05/10/10 1:15 PM interview with the DON, she was asked why the patient requires a HHA 4 x daily, if the patient is able to travel to Jamaica and she responded that the patient has never done this before and that there was some kind of family emergency. There is no evidence of documentation in the clinical record as to the reason for the patient's trip, how the patient was able to travel, who escorted the patient or how the patient's care needs would be met while away.

37. Record review for Patient #6 reveals a POC dated 04/24/10 through 06/22/10 with physician orders for SN 24 hours daily. DME/supplies on the POC include a Pulse Oximeter and O2 concentrator. There is no evidence of documentation of a physician's order to specify when a pulse oximeter reading is to be done and O2 orders only specify, "as needed to maintain O2

saturation levels above 90%." The orders do not include the rate of oxygen administration or means. This was confirmed during the 5/10/10, 1:15 PM interview with the DON. This is an uncorrected deficiency from the survey of March 26, 2010.

38. Based on the foregoing facts, National Nursing Pool Inc. violated Section 400.491, Florida Statutes, herein classified as an uncorrected Class III deficiency, which warrants an assessed fine of \$6,000.00 pursuant to Section 400.484(2)(c), Florida Statutes.

CLAIM FOR RELIEF

WHEREFORE, the Agency requests the Court to order the following relief:

1. Enter a judgment in favor of the Agency for Health Care Administration against National Nursing Pool Inc. on Count I.

2. Assess against National Nursing Pool Inc. an administrative fine of \$6,000.00 on Count I for the violation cited above.

3. Assess costs related to the investigation and prosecution of this matter, if applicable.

4. Grant such other relief as the court deems is just and proper on Count I.

Respondent is notified that it has a right to request an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. Specific options for administrative action are set out in the attached Election of Rights. All requests for hearing shall be made to the Agency for Health Care Administration and delivered to the **Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, MS #3, Tallahassee, Florida 32308.**

RESPONDENT IS FURTHER NOTIFIED THAT THE FAILURE TO RECEIVE A REQUEST FOR A HEARING WITHIN TWENTY-ONE (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

Alba M. Rodriguez
Alba M. Rodriguez, Esq.
Fla. Bar No.: 0880175
Assistant General Counsel
Agency for Health Care
Administration
8350 N.W. 52 Terrace - #103
Miami, Florida 33166

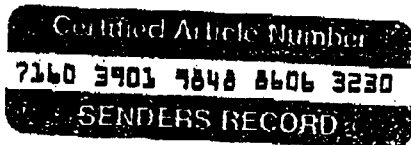
Copies furnished to:

Arlene Mayo-Davis
Field Office Manager
Agency for Health Care Administration
5150 Linton Blvd. - Suite 500
Delray Beach, Florida 33484
(U.S. Mail)

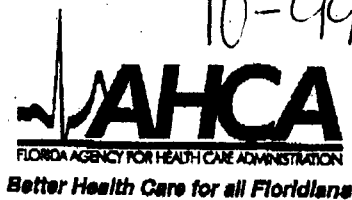
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by U.S. Certified Mail, Return Receipt Requested to Administrator, National Nursing Pool Inc., 1620 W. Oakland Park Blvd. - Suite 302, Oakland Park, Florida 33311 on this 20th day of July, 2010.

Alba M. Rodriguez
Alba M. Rodriguez, Esq.



CHARLIE CRIST
GOVERNOR



ELIZABETH DUDEK
INTERIM SECRETARY

CERTIFIED MAIL

FILED
10 OCT 29 PM 4:52

DEPARTMENT OF
ADMINISTRATIVE
SERVICES

October 3, 2010

ADMINISTRATOR
NATIONAL NURSING POOL INC
1620 W OAKLAND PARK BLVD STE 302
OAKLAND PARK, FL 33311

LICENSE NUMBER: 20743096
CASE #: 2010009639

NOTICE OF INTENT TO DENY

The application for license renewal for National Nursing Pool Inc located at 1620 W. Oakland Park Blvd., Ste 302, Oakland Park, Fl 33311, is DENIED. The reasons for the denial is a pattern of deficient practice and individuals who are not the owners of record attempting to renew the license of the home health agency.

The basis for this action is pursuant to authority of 120.60 Florida Statutes (F.S.), 408.815 (1) (a), (c), and (d), F.S.; Section 400.474 (1) (2) (a), F.S. and Section 408.807 (3) (a), F.S. which states as follows:

400.815 (1) (a), (c), (d), F.S., (1) "In addition to the grounds provided in authorizing statutes, grounds that may be used by the agency for denying and revoking a license ... include any of the following actions by a controlling interest:

(a) False representation of a material fact in the license application or omission of any material fact from the application.

(c) A violation of this part, authorizing statutes, or applicable rules.

(d) A demonstrated pattern of deficient performance."

400.474 (1) (2) (a), F.S., "The agency may deny, revoke, and suspend a license and impose an administrative fine in the manner provided in chapter 120.

(2) Any of the following actions by a home health agency or its employee is grounds for disciplinary action by the agency:

(a) Violation of this part, part II of chapter 408, or of applicable rules."

1. The home health agency has not demonstrated compliance with Chapter 400, Part III, F.S. and the state home health agency rules, Chapter 59A-8, F.A.C. in a combined total of four home health agency licensure and complaint surveys dating back to March of 2008. Below are the deficiencies from the surveys which clearly demonstrate a pattern of deficient performance.

- A. A survey conducted on March 11, 2008 through March 13, 2008 had three deficiencies. Non-compliance was found in the following areas:

2727 Mahan Drive, MS#34
Tallahassee, Florida 32308



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ahca.myflorida.com

H 204 The home health agency failed to conduct level 1 statewide background screening for 5 of the 8 employees sampled. The home health agency also did not have signed and notarized Affidavits of Good Moral Character for 7 of 8 employees sampled.

H 302 The home health agency failed to establish and/or ensure the patient's plan of care was followed or that the physician was notified that the plan of care could not be followed for 5 of 11 patients sampled. Included were multiple missed skilled nursing visits and multiple instances of not checking blood sugar of diabetic patients. This was a repeat deficiency. Non-compliance was found in a survey in April 2005. The home health agency was fine \$1,500 in AHCA case 2008005200.

H360 The home health agency failed to maintain a clinical record with information necessary for the safe and adequate care of the patients for 9 of 11 sampled patients. Included were multiple instances of not conducting medication reviews and lack of evidence of a comprehensive assessment being conducted prior to start of care or 60 day follow up visits.

B. A complaint investigation conducted on March 3, 2009 found two deficiencies. Non compliance was found in the following areas:

H204: The home health agency failed to maintain personnel files that contained signed and notarized Affidavits of Good Moral Character forms for 2 of 10 employees sampled. H204 is a repeat deficiency from March 13, 2008. A \$1,500 fine was imposed by case 2009004830.

H 215 The home health agency failed to submit and have required documentation in the employee's personnel files for 4 of 10 files reviewed. Two of the files contained no evidence that a Level 1 background screen had been requested in accordance with required time frames. Two of the files contained no evidence of a Level 1 background screening being conducted for the two new employees.

It should be noted that the.

C. A complaint investigation conducted on February 25, 2010 found four deficiencies, one of which was a repeat deficiency from the March 13, 2008 survey. Non compliance was found in the following areas:

H 302 The home health agency failed to provide the home visits with the frequency and amount of hours ordered by the physician for 4 of 9 patients sampled. When changes needed to be made, approve of the changes were not obtained from the physician. This was a repeat deficiency.

H 315 The home health agency failed to provide staff to conduct visits according to physician's orders for 2 of 5 patients sampled.

H 320 The home health agency failed to provide the home visits with the frequency ordered by the physician as contained in the plan of care for 4 of 9 patients sampled.

H 331 The home health agency documented and billed Medicaid for additional hours of home visit care that was not ordered by the physician for 4 of 9 patients. This patient records of these individuals contained fraudulent information with regard to the actual visits delivered.

National Nursing Pool Inc
October 3, 2010

- D. A home health agency licensure survey conducted on March 23-26, 2010 found five deficiencies. In the follow up visit conducted on May 10, 2010, one of the deficiencies was repeated and an additional new deficiency was also cited. Non compliance was found in the following areas:

H 230 The home health agency's registered nurse failed to ensure the physician was notified of a delay and deviation of the plan of care for 2 of 11 sampled patients.

H 240 The home health agency failed to ensure RN supervisory visits were conducted for the home health aide for 1 of 5 sampled patients receiving home health aide visits

H350 The home health agency failed to ensure the clinical record was available, accurate and complete for 5 of 11 sampled patients.

H 373 The home health agency's Comprehensive Emergency Management Plan did not contain how the home health agency would continue to provide services to patients who evacuate to special needs shelters.

H 375 The home health agency did not maintain a current and prioritized list of patients in the event of an emergency or disaster situation. There was no information on how services would be continued, what services would be provided and the patient's medication and equipment needs.

In the follow up visit conducted on May 10, 2010, H 350 was uncorrected in the follow up visit and an additional deficiency H 320 was cited:

H 350 was uncorrected in the follow up visit conducted on May 10, 2010. The home health agency failed to maintain a complete and accurate clinical record for 6 of 6 sampled patients reviewed.

H 320 The home health agency failed to ensure that the plan of care included complete physician orders for all services required for 3 of 6 sampled patients reviewed

2. The owners of record, Kurt Joseph and Jose Urena did not apply for the renewal of the National Nursing Pool Inc home health agency license. The proposed buyers of the home health agency, Yehia Abdelmonem and Linda Vinh submitted the application for renewal of the home health agency license. A change of ownership application for this provider was deemed incomplete and withdrawn from further consideration on January 24, 2010. The change of ownership has not been approved by AHCA. Therefore only the owners of record can renew the home health agency license.

The pertinent statutes and rules that apply include the following:

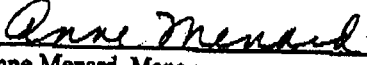
- Section 408.807 (1) through (3), Florida Statutes (F.S.)
- Section 400.471 (8), F.S.
- Section 408.815 (1) (c), F.S.
- Section 400.474 (1)(2)(a), F.S.
- Section 59A-8.993 (6) (a), Florida Administrative Code (F.A.C.)
- Section 59A-8.0086 (1) (d), F.A.C.

National Nursing Pool Inc
October 3, 2010

EXPLANATION OF RIGHTS

Pursuant to Section 120.569, F.S., you have the right to request an administrative hearing. In order to obtain a formal proceeding before the Division of Administrative Hearings under Section 120.57(1), F.S., your request for an administrative hearing must conform to the requirements in Section 28-106.201, Florida Administrative Code (F.A.C), and must state the material facts you dispute.

SEE ATTACHED ELECTION AND EXPLANATION OF RIGHTS FORMS.



Anne Menard, Manager
Home Care Unit

Cc: Agency Clerk, MS #3
Legal Intake, MS #3

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

NATIONAL NURSING POOL, INC.,

Petitioner,

**DOAH NO: 10-1502
AHCA NO: 201000783**

vs.

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

Respondent. /

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

Petitioner,

**CASE NO: 10-515PH
AHCA NO: 2010005631**

vs.

NATIONAL NURSING POOL, INC.,

Respondent. /

NATIONAL NURSING POOL, INC.,

Petitioner,

**DOAH NO: 10-9952
AHCA NO: 2010009639**

vs.

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

Respondent. /

SETTLEMENT AGREEMENT

State of Florida, Agency for Health Care Administration (hereinafter the "Agency"), through its undersigned representatives, and National Nursing Pool, Inc. (hereinafter "National Nursing"), 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, National Nursing is an applicant for a Change of Ownership for a Home Health Agency licensed pursuant to §400, Part III, Florida Statutes, and Fla. Admin. Code R. 59A-8; and

WHEREAS, the Agency has jurisdiction by virtue of being the regulatory and licensing authority over Home Health Agencies, pursuant to §400, Part III, Florida Statutes; and

WHEREAS, the Agency served National Nursing with a Notice of Intent to Deem Application Incomplete and Withdrawn from Further Review on or about January 24, 2010 (AHCA # 2010000783); and

WHEREAS, the Agency served National Nursing Pool, Inc. with an administrative complaint on or about July 20, 2010, notifying National Nursing Pool, Inc. of its intent to impose an administrative fine in the amount of six thousand dollars (\$6,000.00) (AHCA # 2010005631); and

WHEREAS, the Agency served National Nursing Pool, Inc. with a Notice of Intent to Deny an application for renewal of licensure on or about October 3, 2010 (AHCA # 2010009639); and

WHEREAS, National Nursing requested formal administrative proceedings by selecting Option 3 on the Election of Rights form for AHCA # 2010000783 and AHCA # 2010009639 ; and

WHEREAS, National Nursing requested an informal administrative proceedings by selecting Option 2 on the Election of Rights form for AHCA # 2010005631; 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 herein 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, National Nursing. agrees to waive any and all appeals and proceedings to which it may be entitled 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, National Nursing agrees to pay an administrative fee of Five Hundred Dollars (\$500.00) in connection with AHCA#2010009639 and an administrative fine of Six Thousand Dollars (\$6,000.00) in administrative fines to the Agency in connection with AHCA# 2010005631 within thirty (30) days of the entry of the Final Order.
5. Upon full execution of this Agreement, the Agency agrees to rescind the Notice of Intent to Deny issued on October 3, 2010, and process the renewal application filed for License #20743096, which is the subject of AHCA#2010009639, and to rescind the Notice of Intent to Deem Application Incomplete and Withdrawn issued on January 24, 2010, and process the CHOW application, which is the subject of ACHA#2010000783 with an effective date of June 21, 2012.
6. Venue for any action brought to enforce the terms of this Agreement or the Final Order entered pursuant hereto shall lie in Circuit Court in Leon County, Florida.

7. By executing this Agreement National Nursing does not admit, and the Agency continues to assert, the validity of the allegations set forth in the administrative complaint and Notices of Intent referenced herein. The Agency agrees that it will not impose any further penalty against National Nursing as a result of the survey identified in the administrative complaint in AHCA#2010005631 or the Notices of Intent. However, no agreement made herein shall preclude the Agency from imposing a penalty against National Nursing for any deficiency/violation of statute or rule identified in a future survey of National Nursing which constitutes a “repeat” or “uncorrected” deficiency from surveys identified in the administrative complaint. The parties agree that in such a “repeat” or “uncorrected” case, the deficiencies from the surveys identified in the administrative complaint shall be deemed found without further proof.

8. No agreement made herein shall preclude the Agency from using the deficiencies from the surveys identified in the administrative complaint in any decision regarding licensure of National Nursing including, but not limited to, licensure for limited mental health, limited nursing services, extended congregate care, or a demonstrated pattern of deficient performance. The Agency is not precluded from using the subject events for any purpose within the jurisdiction of the Agency. Further, National Nursing Pool, Inc. 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. This agreement does not prohibit the Agency from taking action regarding National Nursing’s Medicaid provider status, conditions, requirements or contract.

9. 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 cases.

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

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

12. National Nursing 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 this matter 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 National Nursing or related facilities.

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

14. In the event that National Nursing was a Medicaid provider at the subject time of the occurrences alleged in the complaint herein, this settlement does not prevent the Agency from seeking Medicaid overpayments related to the subject issues or from imposing any sanctions pursuant to Rule 59G-9.070, Florida Administrative Code.

15. National Nursing 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 National Nursing in the Final Order, or any portion thereof, owed by National Nursing to the Agency from any present or future funds owed to National Nursing by the Agency, and that the Agency shall hold a lien against present and future funds owed to National Nursing by the Agency for said amounts until paid.

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

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

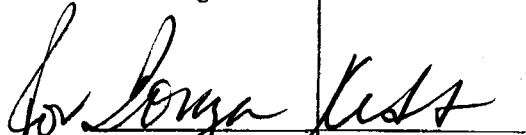
18. This Agreement supersedes any prior oral or written agreements between the parties.


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

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

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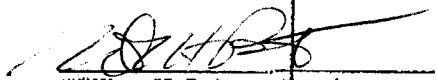
The following representatives hereby acknowledge that they are duly authorized to enter into this Agreement.

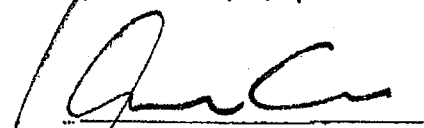

Molly McKinstry
Deputy Secretary


Yehia Abdelmonem
Administrator
National Nursing Pool, Inc.
1620 West Oakland Blvd.
Oakland Park, Florida 33311

DATED: _____


DATED: 6/7/2012


William H. Roberts, Esquire
Deputy General Counsel
Florida Bar No. 586617

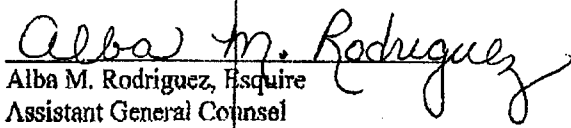

Michael P. Gennett
Florida Bar No. 97871
Akerman Senterfitt
1 Southeast 3rd Avenue, Floor 25
Miami, Florida 33131-1700

DATED: 6/20/12

DATED: 6/7/12


D. Carlton Einfinger, Esquire
Assistant General Counsel
Florida Bar No.: 793450

DATED: 6-14-12


Alba M. Rodriguez, Esquire
Assistant General Counsel
Florida Bar No. 880175

DATED: 6/12/12
Agency for Health Care Administration
2727 Mahan Drive, MS #3