STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

2011 MAY 13 P 1:17

BREVARD HMA HOSPICE, LLC, d/b/a WUESTHOFF BREVARD HOSPICE AND PALLIATIVE CARE,

Petitioner,

DOAH No. 11-1586CON

vs.

AHCA No.: 2011003114

AGENCY FOR HEALTH CARE ADMINISTRATION AND HOSPICE OF ST. FRANCIS, INC.,

Resp	ondents.
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FINAL ORDER

AGENCY FOR HEALTH **CARE** THIS CAUSE came before the ADMINISTRATION ("the Agency") with regard to the Certificate of Need ("CON") Application No. 10106, which was filed by HOSPICE OF ST. FRANCIS, INC. ("St. Francis"). St. Francis requested a CON to establish a freestanding 12-bed inpatient hospice facility in Brevard County, Florida, District 7A. The Agency preliminarily approved the application. BREVARD HMA HOSPICE, LLC d/b/a WUESTHOFF BREVARD HOSPICE AND PALLIATIVE CARE ("Wuesthoff") timely filed a Petition for Formal Administrative Hearing challenging the preliminary approval, which the Agency forwarded to the Division of Administrative Hearings ("DOAH"). On April 21, 2011, Wuesthoff filed a Notice of Voluntary Dismissal of its Petition for Formal Administrative Hearing and the Administrative Law Judge entered an Order Closing File on April 26, 2011.

It is therefore **ORDERED**:

- The Agency's decision preliminarily approving the CON 10106 is upheld. 1.
- 2. The above-styled case is hereby closed.

ORDERED on this 12 day of ______, 2011, in Tallahassee,

Florida.

Elizabeth Dudek, 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 THE ORIGINAL NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A COPY ALONG WITH THE FILING FEE PRESCRIBED BY LAW WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE AGENCY MAINTAINS ITS HEADQUARTERS OR WHERE A PARTY RESIDES. PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF THE RENDITION OF THE ORDER TO BE REVIEWED.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has

been furnished by U.S. Mail or interoffice mail to the persons named below on this

Richard J. Shoop, Agency Clerk Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #3 Tallahassee, Florida 32308

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