

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED  
AHCA  
AGENCY CLERK

2011 SEP 15 P 1:30

STATE OF FLORIDA, AGENCY FOR  
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

CASE NO. 11-4005MPI  
Audit No.: CI 11-4070-000  
Provider No.: 067358700

CELINA POY-WING,


Respondent.

**FINAL ORDER**

THIS CAUSE is before me for issuance of a Final Order. In a letter dated June 24, 2011, Celina Poy-Wing (Respondent) was informed that the State of Florida, Agency for Health Care Administration (Agency) was seeking to terminate her from participation in the Medicaid program pursuant to Section 409.913(14), Florida Statutes. In a letter dated August 29, 2011 to Provider from James Coste, AHCA Administrator, Medicaid Program Integrity, Provider was notified that the termination letter dated June 24, 2011 was rescinded.

Based on the foregoing, the request for a hearing is dismissed and the file is **CLOSED**.

DONE and ORDERED on September 14, 2011, in Tallahassee, Florida.

  
\_\_\_\_\_  
ELIZABETH DUDEK, SECRETARY  
Agency for Health Care Administration

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO A 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 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:

L. William Porter II  
Assistant General Counsel  
Agency for Health Care  
Administration  
(Laserfiche)

Celina Poy-Wing  
817 S. University Drive, Suite 101  
Plantation, Florida 33324  
(U.S. Mail)

June C. McKinney  
Administrative Law Judge  
Division of Administrative Hearings  
The DeSoto Building  
1230 Apalachee Parkway  
Tallahassee, Florida 32399-3060

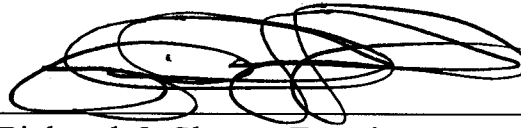
Mike Blackburn, Bureau Chief, Medicaid Program Integrity

Finance & Accounting

Health Quality Assurance

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished to the above-named addressees by U.S. Mail, Laserfiche or electronic mail on September 15, 2011.



Richard J. Shoop, Esquire  
Agency Clerk  
State of Florida  
Agency for Health Care Administration  
2727 Mahan Drive, MS #3  
Tallahassee, Florida 32308-5403  
(850) 412-3630/FAX (850) 921-0158



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

CERTIFIED MAIL NO.: 7004 2510 0001 4446 5285

August 29, 2011

Celina Poy-Wing  
817 South University Drive  
Suite 101  
Plantation, Florida

**In Reply Refer to:** File No: 76674      Provider No: 067358700  
NPI No: 1215925359      Provider License No: ME0041607

Dear Provider:

In a letter dated June 24, 2011, the Agency for Health Care Administration, Office of Inspector General, Bureau of Medicaid Program Integrity, advised you that the Agency had applied a sanction of termination for violations of federal and state laws, including failure to comply with provisions of Medicaid law in accordance with Sections 409.913(14). After further consideration of the facts in this matter, the Agency hereby rescinds the sanction of the above noted Medicaid Provider number(s) and you have no further obligations regarding the previous letter.

If you have any questions, please contact Gordon McCleary, Program Administrator at (850) 412-4600.

Sincerely,

James Coste  
AHCA Administrator  
Office of Inspector General  
Medicaid Program Integrity

Enclosures

cc: Kim Kellum, AHCA Office of the General Counsel  
Division of Health Quality Assurance (HQA)

