

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED  
AHCA  
AGENCY CLERK

STATE OF FLORIDA, AGENCY FOR  
HEALTH CARE ADMINISTRATION,

2014 JAN 24 A 8:39

Petitioner,

v.

AHCA NO.: 2012009469

DOAH NO.: 13-1617

4602 NORTHGATE COURT, LLC d/b/a SPRINGWOOD  
CARE AND REHABILITATION CENTER,

RENDITION NO.: AHCA-14 - 0048 -S-OLC

Respondent.

FINAL ORDER

Having reviewed the Administrative Complaint, and all other matters of record, the Agency for Health Care Administration finds and concludes as follows:

1. The Agency has jurisdiction over the above-named Respondent pursuant to Chapter 408, Part II, Florida Statutes, and the applicable authorizing statutes and administrative code provisions.
2. The Agency issued the attached Administrative Complaint and Election of Rights form to the Respondent. (Ex. 1) The Election of Rights form 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**:

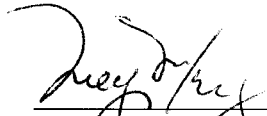
1. The Settlement Agreement is adopted and incorporated by reference into this Final Order. The parties shall comply with the terms of the Settlement Agreement.
2. The Respondent shall pay the Agency \$14,500. If full payment has been made, the cancelled check acts as receipt of payment and no further 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 number 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

3. Conditional licensure status is imposed on the Respondent beginning on August 30, 2012 and ending on September 4, 2012.

4. The references in the Statement of Deficiencies for the August 28-30, 2012 survey of Springwood Care and Rehabilitation Center relating to Resident #2 being on thickened liquids is deleted.

**ORDERED** at Tallahassee, Florida, on this 23 day of January, 2014.



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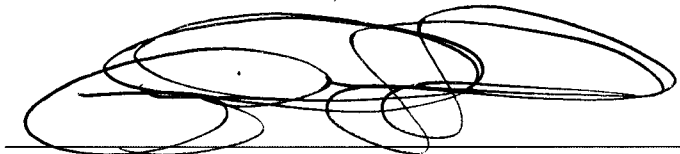
Elizabeth Dudek, Secretary  
Agency for Health Care Administration

**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 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 24<sup>th</sup> day of January, 2014.



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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)
Andrea M. Lang Office of the General Counsel Agency for Health Care Administration (Electronic Mail)	Thomas W. Cauffman, Esq. Quitairos, Prieto, Wood & Boyer, P.A. Attorney for Respondent 4905 West Laurel Street, 2 <sup>nd</sup> Floor Tampa, Florida 33607 (U.S. Mail)

Lynne A. Quimby-Pennock Administrative Law Judge Division of Administrative Hearings (Electronic Mail)	
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**STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION**

STATE OF FLORIDA,  
AGENCY FOR HEALTH CARE  
ADMINISTRATION,

Petitioner,

vs.

Case Nos. 2012009469

4602 NORTHGATE COURT, LLC  
d/b/a SPRINGWOOD CARE AND REHABILITATION CENTER,

Respondent.

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**ADMINISTRATIVE COMPLAINT**

COMES NOW the Agency for Health Care Administration (hereinafter "Agency"), by and through the undersigned counsel, and files this Administrative Complaint against 4602 NORTHGATE COURT, LLC d/b/a SPRINGWOOD CARE AND REHABILITATION CENTER (hereinafter "Respondent"), pursuant to Sections 120.569 and 120.57 Florida Statutes (2012), and alleges:

**NATURE OF THE ACTION**

This is an action against a nursing home to impose an administrative fine of TEN THOUSAND DOLLARS (\$10,000.00) pursuant to Section 400.23(8)(a), Florida Statutes (2012), based upon one (1) Class I deficiency; to assess a survey fee in the amount of SIX THOUSAND DOLLARS (\$6,000.00) based upon Respondent being cited for one (1) Class I deficiency pursuant to Section 400.19(3), Florida Statutes (2012), and to assign conditional licensure status beginning on August 30, 2012, pursuant to Section 400.23(7)(b), Florida Statutes (2012). The original certificate for the conditional license is attached as Exhibit A and is incorporated by reference.

**EXHIBIT 1**

## JURISDICTION AND VENUE

1. The Court has jurisdiction over the subject matter pursuant to Sections 120.569 and 120.57, Florida Statutes (2012).
2. The Agency has jurisdiction over the Respondent pursuant to Section 20.42, Chapter 120, and Chapter 400, Part II, Florida Statutes (2012).
3. Venue lies pursuant to Rule 28-106.207, Florida Administrative Code.

## PARTIES

4. The Agency is the regulatory authority responsible for the licensure of nursing homes and the enforcement of all applicable federal and state statutes, regulations and rules governing nursing homes pursuant to Chapter 400, Part II, Florida Statutes (2012) and Chapter 59A-4, Florida Administrative Code. The Agency is authorized to deny, suspend, or revoke a license, and impose administrative fines pursuant to Sections 400.121 and 400.23, Florida Statutes (2012); assign a conditional license pursuant to Section 400.23(7), Florida Statutes (2012); and assess costs related to the investigation and prosecution of this case pursuant to Section 400.121, Florida Statutes (2012).
5. Respondent operates a 120-bed nursing home, located at 4602 Northgate Court, Sarasota, Florida 34234, and is licensed as a nursing home, license number 15130962. Respondent was at all times material hereto, a licensed nursing home under the licensing authority of the Agency, and was required to comply with all applicable state rules, regulations and statutes.

## COUNT I

### **The Respondent Failed To Ensure Residents The Right To Receive Adequate And Appropriate Protective And Support Services In Violation Of Section 400.022(1)(I), Florida Statutes (2012)**

6. The Agency re-alleges and incorporates by reference paragraphs one (1) through five (5).
7. Pursuant to Florida law, all licensees of nursing home facilities shall adopt and make public a statement of the rights and responsibilities of the residents of such facilities and shall treat such

residents in accordance with the provisions of that statement. The statement shall assure each resident the following: The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the Agency. Section 400.022(1)(l), Florida Statutes (2012).

8. On or about August 28, 2012 through August 30, 2012, the Agency conducted a Complaint Investigation (CCR# 2012009348 and CCR# 2012008938) of the Respondent's facility.

9. Based on record review, interview and observation, the facility failed to prevent the abuse, neglect and mistreatment of one (1) of three (3) sampled residents, specifically Resident number two (2). This resulted from the willful spraying of water in the facial area of Resident number two (2), who had an order to receive only thickened liquids, palliative care and was known to be resistive to activities of daily living, including showering. The facility's failure with Resident number two (2) and their failure to identify the need to retrain staff on procedures to appropriately shower residents with similar conditions placed all residents with those conditions at risk for serious injury, harm, impairment, or death.

10. On August 28, 2012, a review of Resident number two's (2) record containing a Nursing Progress note dated August 25, 2012 at 5:30 a.m. which documented, "Resident number two (2) moaning loudly (and) then screaming...Visible signs of pain on Resident's face (fear and grimacing)." Morphine 5 mg/0.25 cc SL (11:00 p.m. and 5 a.m.) and back rubbing, both had positive calming effect.

11. The progress note also documented, "Took 80 cc of water during the night shift. Pulse 78, respirations 16; unlabored while awake, dyspnea noticed while sleeping. Resting with eyes closed. Will monitor."

12. A nursing note at 12:20 p.m. documented MS04 (Morphine Sulfate) 0.25 cc was administered "with minimal effect" to Resident number two (2), who was "very anxious and moaning loudly." The note states at approximately 11:50 a.m., Certified Nursing Assistants called the nurse into the shower room where Resident number two (2) was found unresponsive with a faint pulse. Resident number two (2) was returned to bed immediately with a board under him/her. Cardio Pulmonary Resuscitation was administered and oxygen was placed over Resident number two's (2) face. No pulse was felt. The paramedics arrived and continued Cardio Pulmonary Resuscitation. At 12:10 p.m., paramedics stated Resident number two (2) had passed away. The nursing note documented, the "Director of Nursing notified and family was being contacted by Director of Nursing. Westside funeral home called."

13. On August 29, 2012 at 12:45 p.m. during an interview regarding the event on August 25, 2012, Employee F stated, "I asked another Certified Nursing Assistant (Employee G) to help me give Resident number two (2) a shower." During the shower, when Employee G sprayed water in the resident's face, Employee F said, "Do not do that, he/she is on thickened liquids." Employee G said, "Resident number two (2) had soap in his/her eyes." After that, Employee F got the nurse because Resident number two (2) "was not acting normal."

14. During this interview, Employee F stated, "I am CPR certified, (but) did not assist with it." When asked when the last training on abuse was received, Employee F said, "I do the modules on the computer; I believe last month." Regarding the facility staff to notify in a case of abuse, Employee F stated, "You notify the Abuse Coordinator, the Director of Nursing, her name is on my badge." The incident was reported via phone call to Employee M, the Unit Manager, who was at home on August 25, 2012, by Employees I and F.

15. In an interview on August 29, 2012, at 10:30 a.m., Employee M reported receiving a call at home on August 25, 2012 at approximately 1:10 p.m. regarding Resident number two (2).

Employees I and F reported that while giving Resident number two (2) a shower, Employee G sprayed Resident number two (2) in the face and the mouth. Employee I did not see the action, but Employee F witnessed Employee G spray Resident number two (2).

16. During interviews on August 29, 2012, Employees B, D, N and H stated they received training about abuse after August 25, 2012. Employee H stated the instruction provided during training regarding getting shampoo out of a resident's hair included "have them hold their head back and rinse it out." When asked if a resident had mucous coming out of their nose and going into their mouth, can you spray it off with the shower head, Employee H answered, "It is okay to spray it (face) to get it (mucous) out."

17. On August 28, 2012, a record review of Resident number two's (2) Minimum Data Set Kardex Report for 2880 noted the resident as "Moderately Impaired" to make Activities of Daily Living, but made no mention of bathing or behavior issues. Also, there was no indication Resident number two (2) was receiving thickened liquids. The Kardex report is used by staff as a quick review of resident information.

18. On August 28, 2012, a review of the shower schedule used by the Certified Nursing Assistants, last updated on June 14, 2012 for Resident number two (2), revealed the resident due "Saturday" by the "11:00 p.m. to 7:00 a.m. shift." The shower schedule notes no change can be made without the Unit Manager's approval. Resident number two (2) was given a shower on August 25, 2012 during the 7:00 a.m. to 3:00 p.m. shift.

19. On August 28, 2012, a review of Resident number two's (2) Medication Administration Record dated August 25, 2012 revealed a physician order for palliative care to start on August 23, 2012. There was no indication the nursing staff knew to provide the palliative care on August 23, 2012, August 24, 2012 and August 25, 2012 as no nurse initialed those dates.

20. A record review on August 28, 2012 revealed Resident number two (2) was admitted to the



facility on July 20, 2012. On August 23, 2012, Resident number two (2) was documented with a "Medical Diagnosis of Dysphasia," and was to receive "Palliative Care Only."

21. During an interview on August 29, 2012 at 2:25p.m., the administrator stated, "We are pretty much concluding with the investigation. We are unable to substantiate abuse."

22. Regarding training provided since August 25, 2012, the administrator said, "We have done education on the Abuse and Neglect policy; what it means, how it is reported, with examples specifically of the scenario of Resident number two (2). If staff has an understanding of what abuse is, they are more aware of how they are interacting with residents. I am comfortable with what has taken place so far." During the interview, the administrator did not report any training was provided regarding the appropriateness of residents receiving showers, who are on palliative care, do not like showers, and have behavior issues."

23. The facility had failed to prevent abuse, neglect or the mistreatment of Resident number two (2) and other similarly-affected residents. Interviews and record reviews revealed staff failed to implement current standard of practice showering procedures with a resident that was on palliative care; had identified issues with exhibiting difficult behaviors, including while being showered and was on thickened liquids. On August 28, 2012, August 29, 2012 and August 30, 2012, the facility administrative staff failed to retrain and monitor adequately direct care staff administering showers to residents.

24. The facility has failed to ensure the critical incident will not be repeated.

25. The Agency determined that this deficient practice presented a situation in which immediate corrective action was necessary because Respondent's non-compliance had caused, or was likely to cause, serious injury, harm, impairment, or death to a resident receiving care in Respondent's facility. The Agency cited Respondent for an isolated Class I deficiency as set forth in Section 400.23(8)(a), Florida Statutes (2012).

**WHEREFORE**, the Agency intends to impose an administrative fine in the amount of TEN THOUSAND DOLLARS (\$10,000.00) against Respondent, a nursing home in the State of Florida, pursuant to Sections 400.23(8)(a), Florida Statutes (2012).

**COUNT II**

**Assignment Of Conditional Licensure Status Pursuant To Section 400.23(7)(b), Florida Statutes (2012)**

26. The Agency re-alleges and incorporates by reference the allegations in Count I.
27. The Agency is authorized to assign a conditional licensure status to nursing homes pursuant to Section 400.23(7), Florida Statutes (2012).
28. Due to the presence of one (1) Class I deficiency, the Respondent was not in substantial compliance at the time of the survey with criteria established under Chapter 400, Part II, Florida Statutes (2012), or the rules adopted by the Agency.
29. The Agency assigned the Respondent conditional licensure status with an action effective date of August 30, 2012. The original certificate for the conditional license is attached as Exhibit A and is incorporated by reference.

**WHEREFORE**, the Petitioner, State of Florida, Agency for Health Care Administration, respectfully requests the Court to enter a final order granting the Respondent conditional licensure status for the period beginning on August 30, 2012, pursuant to Section 400.23(7)(b), Florida Statutes (2012).

**COUNT III**

**Assessment Of Fine Pursuant To Section 400.19(3), Florida Statutes (2012)**

30. The Agency re-alleges and incorporates by reference the allegations in Count I and Count II.
31. The Respondent has been cited for one (1) Class I deficiency and therefore is subject to a six (6) month survey cycle for a period of two (2) years and a fine of SIX THOUSAND DOLLARS (\$6,000.00) pursuant to Section 400.19(3), Florida Statutes (2012).

**WHEREFORE**, the Agency intends to impose a six (6) month survey cycle for a period of

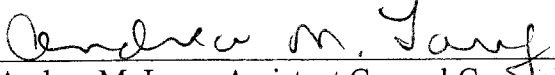
two (2) years and assess a fine in the amount of SIX THOUSAND DOLLARS (\$6,000.00) against Respondent, a nursing home in the State of Florida, pursuant to Section 400.19(3), Florida Statutes (2012).

**CLAIM FOR RELIEF**

**WHEREFORE**, the Petitioner, State of Florida, Agency for Health Care Administration, respectfully requests the Court to enter a final order granting the following relief against the Respondent as follows:

1. Make findings of fact and conclusions of law in favor of the Agency on Count I through Count III.
2. Impose an administrative fine against the Respondent in the amount of TEN THOUSAND DOLLARS (\$10,000.00) pursuant to Section 400.23(8)(a), Florida Statutes (2012), and assess a survey fee in the amount of SIX THOUSAND DOLLARS (\$6,000.00), pursuant to Section 400.19(3), Florida Statutes (2012), for a total of SIXTEEN THOUSAND DOLLARS (\$16,000.00).
3. Assign a conditional license to the Respondent beginning on August 30, 2012.
4. Assess costs related to the investigation and prosecution of this case.
5. Enter any other relief that this Court deems just and appropriate.

Respectfully submitted this 14<sup>th</sup> day of September, 2012.

  
Andrea M. Lang, Assistant General Counsel  
Florida Bar No. 0364568  
Agency for Health Care Administration  
Office of the General Counsel  
2295 Victoria Avenue, Room 346C  
Fort Myers, Florida 33901  
(239) 335-1253

NOTICE

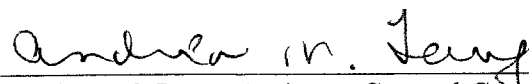
**RESPONDENT IS NOTIFIED THAT IT/HE/SHE HAS A RIGHT TO REQUEST AN ADMINISTRATIVE HEARING PURSUANT TO SECTIONS 120.569 AND 120.57, FLORIDA STATUTES. THE RESPONDENT IS FURTHER NOTIFIED THAT IT/HE/SHE HAS THE RIGHT TO RETAIN AND BE REPRESENTED BY AN ATTORNEY IN THIS MATTER. SPECIFIC OPTIONS FOR ADMINISTRATIVE ACTION ARE SET OUT IN THE ATTACHED ELECTION OF RIGHTS.**

**ALL REQUESTS FOR HEARING SHALL BE MADE AND DELIVERED TO THE ATTENTION OF: *THE AGENCY CLERK, AGENCY FOR HEALTH CARE ADMINISTRATION, 2727 MAHAN DRIVE, BLDG #3, MS #3, TALLAHASSEE, FLORIDA 32308; TELEPHONE (850) 412-3630.***

**THE RESPONDENT IS FURTHER NOTIFIED THAT IF A REQUEST FOR HEARING IS NOT RECEIVED BY THE AGENCY FOR HEALTH CARE ADMINISTRATION WITHIN TWENTY-ONE (21) DAYS OF THE RECEIPT OF THIS ADMINISTRATIVE COMPLAINT, A FINAL ORDER WILL BE ENTERED BY THE AGENCY.**

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the Administrative Complaint and Election of Rights form were served to: Corporation Service Company, Registered Agent for 4602 Northgate Court, LLC d/b/a Springwood Care and Rehabilitation Center, 1201 Hays Street, Tallahassee, Florida 32301, by United States Certified Mail, Return Receipt No. 7011 2000 0001 4884 9195 and to Susan Ritchie, Administrator, 4602 Northgate Court, LLC d/b/a Springwood Care and Rehabilitation Center, 4602 Northgate Court, Sarasota, Florida 34234, by United States Certified Mail, Return Receipt No. 7011 2000 0001 4884 9195 on this 14<sup>th</sup> day of September, 2012.



Andrea M. Lang, Assistant General Counsel  
Florida Bar No. 0364568  
Agency for Health Care Administration  
Office of the General Counsel  
2295 Victoria Avenue, Room 346C  
Fort Myers, Florida 33901  
(239) 335-1253

Copies furnished to:

<p>Susan Ritchie, Administrator 4602 Northgate Court , LLC d/b/a Springwood Care and Rehabilitation Center 4602 Northgate Court Sarasota, Florida 34234 (U.S. Certified Mail)</p>	<p>Andrea M. Lang, Assistant General Counsel Agency for Health Care Administration Office of the General Counsel 2295 Victoria Avenue, Room 346C Fort Myers, Florida 33901 (Electronic Mail)</p>
<p>Corporation Service Company Registered Agent for 4602 Northgate Court, LLC d/b/a Springwood Care and Rehabilitation Center 1201 Hays Street Tallahassee, Florida 32301 (U.S. Certified Mail)</p>	<p>Bernard Hudson, Health Services and Facilities Consultant Supervisor Bureau of Long Term Care Services Long Term Care Unit Agency for Health Care Administration 2727 Mahan Drive, Building #3, Room 1213B Tallahassee, Florida 32308 (Electronic Mail)</p>
	<p>Harold Williams Field Office Manager Agency for Health Care Administration 2295 Victoria Avenue, Room 340A Fort Myers, Florida 33901 (Electronic Mail)</p>

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

STATE OF FLORIDA,  
AGENCY FOR HEALTH CARE  
ADMINISTRATION,

Petitioner,  
vs.

Case Nos. 2012009469

4602 NORTHGATE COURT, LLC  
d/b/a SPRINGWOOD CARE AND REHABILITATION CENTER,

Respondents.  
\_\_\_\_\_ /

**ELECTION OF RIGHTS**

This Election of Rights form is attached to a proposed action by the Agency for Health Care Administration (AHCA). The title may be an **Administrative Complaint, Notice of Intent to Impose a Late Fee, or Notice of Intent to Impose a Late Fine.**

**Your Election of Rights must be returned by mail or by fax within twenty-one (21) days of the date you receive the attached Administrative Complaint, Notice of Intent to Impose a Late Fee, or Notice of Intent to Impose a Late Fine.**

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

Please use this form unless you, your attorney or your representative prefer to reply in accordance with Chapter 120, Florida Statutes (2012) and Rule 28, Florida Administrative Code.

PLEASE RETURN YOUR ELECTION OF RIGHTS TO THIS ADDRESS:

Agency for Health Care Administration  
Attention: Agency Clerk  
2727 Mahan Drive, Mail Stop #3  
Tallahassee, Florida 32308  
Phone: 850-412-3630      Fax: 850-921-0158

**PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS**

OPTION ONE (1) \_\_\_\_ **I admit the allegations of fact and law contained in the Notice of Intent to Impose a Late Fine or Fee, or Administrative Complaint and I waive my right to object and to 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 penalty, fine or action.

OPTION TWO (2) \_\_\_\_ I admit the allegations of fact and law contained in the Notice of Intent to Impose a Late Fine or Fee, or Administrative Complaint, 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 and law contained in the Notice of Intent to Impose a Late Fee, the Notice of Intent to Impose a Late Fine, or Administrative Complaint, and I request a formal hearing (pursuant to Subsection 120.57(1), Florida Statutes) before an Administrative Law Judge appointed by the Division of Administrative Hearings.

**PLEASE NOTE:** Choosing OPTION THREE (3) by itself is **NOT** sufficient to obtain a formal hearing. You also must file a written petition in order to obtain a formal hearing before the Division of Administrative Hearings under Section 120.57(1), Florida Statutes. It must be received by the Agency Clerk at the address above **within 21 days** of your receipt of this proposed administrative action. The request for formal hearing must conform to the requirements of Rule 28-106.2015, Florida Administrative Code, which requires that it contain:

1. Your name, address, telephone number, and the name, address, and telephone number of your representative or lawyer, if any.
2. The file number of the proposed action.
3. A statement of when you received notice of the Agency's proposed action.
4. A statement of all disputed issues of material fact. If there are none, you must state that there are none.

Mediation under Section 120.573, Florida Statutes may be available in this matter if the Agency agrees.

License Type: \_\_\_\_\_ (Assisted Living Facility, Nursing Home, Medical Equipment, Other)

Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Name Title

Address: \_\_\_\_\_  
Street and Number City State Zip Code

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-Mail (optional) \_\_\_\_\_

I hereby certify that I am duly authorized to submit this Notice of Election of Rights to the Agency for Health Care Administration on behalf of the above licensee.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 11, 2012

SPRINGWOOD CARE AND REHABILITATION CENTER  
4602 NORTHGATE COURT  
SARASOTA, FL 34234

Dear Administrator:

The attached license with Certificate #17737 is being issued for the operation of your facility. Please review it thoroughly to ensure that all information is correct and consistent with your records. If errors or omissions are noted, please make corrections on a copy and mail to:

Agency for Health Care Administration  
Long Term Care Section, Mail Stop #33  
2727 Mahan Drive, Building 3  
Tallahassee, Florida 32308

Issued for a Status Change to Conditional

Sincerely,

Agency for Health Care Administration  
Division of Health Quality Assurance

Enclosure

cc: Medicaid Contract Management





**Exhibit A**  
**Original Certificate of Conditional License**  
**4602 Northgate Court, LLC**  
**d/b/a Springwood Care and Rehabilitation Center**  
**Certificate No. 17737**  
**License No. SNF15130962**

CERTIFICATE #: 17737

LICENSE #: SNF15130962

**State of Florida**  
AGENCY FOR HEALTH CARE ADMINISTRATION  
DIVISION OF HEALTH QUALITY ASSURANCE

**NURSING HOME**  
CONDITIONAL

This is to confirm that 4602 NORTHGATE COURT, LLC has complied with the rules and regulations adopted by the State of Florida, Agency For Health Care Administration, authorized in Chapter 400, Part II, Florida Statutes, and as the licensee is authorized to operate the following:

SPRINGWOOD CARE AND REHABILITATION  
CENTER

4602 NORTHGATE COURT  
SARASOTA, FL 34234

TOTAL: 120 BEDS

STATUS CHANGE

EFFECTIVE DATE: 08/30/2012

EXPIRATION DATE: 10/31/2012

*Molly J. Kennedy*  
Deputy Secretary of Health Quality Assurance

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA,  
AGENCY FOR HEALTH  
CARE ADMINISTRATION,

Petitioner,

vs.

Case No(s): 2012009469  
13-1617

4602 NORTHGATE COURT, LLC d/b/a  
SPRINGWOOD CARE AND REHABILITATION CENTER,

Respondent.

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**SETTLEMENT AGREEMENT**

Petitioner, State of Florida, Agency for Health Care Administration (hereinafter the “Agency”), through its undersigned representatives, and Respondent, 4602 Northgate Court, LLC d/b/a Springwood Care and Rehabilitation Center (hereinafter “Respondent”), 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 Nursing Home licensed pursuant to Chapters 400, Part II, and 408, Part II, Florida Statutes, Section 20.42, Florida Statutes and Chapter 59A-4, Florida Administrative Code; and

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

**WHEREAS**, the Agency served Respondent with an administrative complaint on or about September 17, 2012, notifying the Respondent of its intent to impose administrative fines

in the amount of \$10,000 and a survey fee of \$6,000 and assign a conditional licensure status commencing August 30, 2012 and ending September 4, 2012; and

**WHEREAS**, Respondent requested a formal administrative proceeding by filing a Petition for Formal Administrative Hearing; 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, Respondent 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, Respondent agrees to pay \$8,500 in administrative fines and a survey fee in the amount of \$6,000 in accord with law. Respondent accepts the assignment of conditional licensure status commencing August 30, 2012 and ending

September 4, 2012. In addition, the references in the Statement of Deficiencies relating to Resident #2 being on thickened liquids will be deleted.

5. 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.

6. By executing this Agreement, Respondent neither admits nor denies, and the Agency asserts the validity of the allegations raised in the administrative complaint referenced herein. No agreement made herein shall preclude the Agency from imposing a penalty against Respondent for any deficiency/violation of statute or rule identified in a future survey of Respondent, 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.

7. 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 Respondent, 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, 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. This agreement does not prohibit the Agency from taking action regarding Respondent’s Medicaid provider status, conditions, requirements or contract.

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.

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 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 Respondent or related facilities.

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

13. In the event that Respondent 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.

14. 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.

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

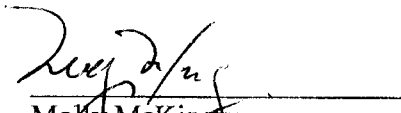
16. This Agreement contains and incorporates the entire understandings and agreements of the parties.

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

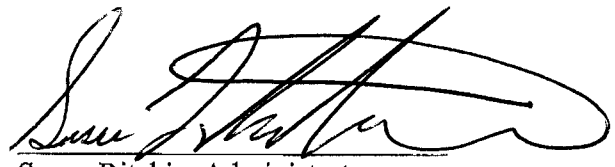
18. This Agreement may not be amended except in writing. Any attempted assignment of this Agreement shall be void.

19. 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.

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

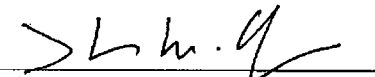
DATED: 11/23/14

  
Susan Ritchie, Administrator  
4602 Northgate Court, LLC  
d/b/a Springwood Care and  
Rehabilitation Center  
4602 Northgate Court  
Sarasota, Florida 34234

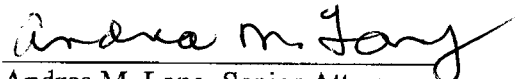
DATED: 12-6-13

  
Stuart F. Williams, General Counsel  
Agency for Health Care Administration  
2727 Mahan Drive, Mail Stop #3  
Tallahassee, Florida 32308

DATED: 1/21/14

  
Thomas W. Cauffman, Esq.  
Quitairos, Prieto, Wood & Boyer, P.A.  
4905 West Laurel Street, 2<sup>nd</sup> floor  
Tampa, Florida 33607  
Attorney for Respondent

DATED: 12-4-13

  
Andrea M. Lang, Senior Attorney  
Agency for Health Care Administration  
2295 Victoria Avenue  
Fort Myers, Florida 33901

DATED: 1/14/14