STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION.

2013 JUN 26 A 10: 17

Petitioner,

v.

DOAH NO. 13-1645 AHCA NO. 2013001362

RENDITION NO.: AHCA- 13 - 653 -S-OLC

NORTHPORT HEALTH SERVICES OF FLORIDA, LLC d/b/a SAINT AUGUSTINE HEALTH AND REHABILITATION CENTER,

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 \$5,000.00. 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 2013, and ending February 17, 2013.	sed on the Respondent beginning on January 17,	
ORDERED at Tallahassee, Florida, on this	24 day of Jewe , 2013.	
	abeth Dudek, Secretary ney for Health Care Administration D JUDICIAL REVIEW	
A party who is adversely affected by this Final Orinstituted by filing one copy of a notice of appeal wire along with filing fee as prescribed by law, with the where the Agency maintains its headquarters or whe conducted in accordance with the Florida appellate redays of rendition of the order to be reviewed.	th the Agency Clerk of AHCA, and a second copy, e District Court of Appeal in the appellate district re a party resides. Review of proceedings shall be	
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 26 day of		
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)	
Thomas J. Walsh II Office of the General Counsel Agency for Health Care Administration (Electronic Mail)	Rick E. Harris, Esq. Starnes Davis Florie LLP 100 Brookwood Place – 7 th Floor Birmingham, Alabama 35209 (U.S. Mail)	