STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

AHCA
AGENCY CLERK

2014 MAY 28 A II: 19

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

Petitioner,

Respondent.	RENDITION NO.: AHCA- 14 - 0478 -S-MDC
	DOAH CASE NO.: 13-002239
	NPI NO.: 1952337149
HOSPICE OF THE EMERALD COAST, INC.	LICENSE NO.: 5001096
	PROVIDER NO.: 150009100
VS.	C.I. NO.: 13-0817-000

FINAL ORDER

THE PARTIES resolved all disputed issues and executed a Settlement Agreement. The parties are directed to comply with the terms of the attached Settlement Agreement. Based on the foregoing, this file is **CLOSED**.

DONE AND ORDERED this 24 day of May, 2014, in Tallahassee, Leon County, 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:

Shannon L. Drake, Esquire Gentiva Health Services, Inc. 3350 Riverwood Parkway, Suite 1400 Atlanta, Georgia 30339 (U.S. Mail)

Agency for Health Care Administration Office of the General Counsel, MS #3 Douglas J. Lomonico, Assistant General Counsel

Agency for Health Care Administration Bureau of Finance and Accounting, MS #14

Agency for Health Care Administration Bureau of Medicaid Program Integrity, MS#6 ATTN: Rick Zenuch, Bureau Chief

Health Quality Assurance

CERTIFICATE OF SERVICE

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

furnished by United States Mail, interoffice mail, or email transmission to the above-referenced

addressees this 28 day of _____

, 2014.

RICHARD J. SHOOP, Agency Clerk Agency for Health Care Administration 2727 Mahan Drive, MS #3 Tallahassee, Florida 32308 Telephone No. (850)-412-3630

Fax No. (850)-921-0158