#### **STATE OF FLORIDA**

2014 HOV 12 P 3: 32 AGENCY FOR HEALTH CARE ADMINISTRATION

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

### Petitioner,

vs.

## PECAN TREE HOLDINGS, LLC **D/B/A PLANTATION OAKS SENIOR** LIVING RESIDENCE,

CASE NO.:	14-212PH
DOAH CASE NO.	13-4477
AHCA CASE NOS.	2013000614
	2013005301
<b>RENDITION NO.: AHCA-</b>	14 - 0902 -S-OLC

**Respondent.** 

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

Petitioner,

AHCA CASE NO. 2014005773

VS.

PECAN TREE HOLDINGS, LLC. d/b/a PLANTATION OAKS SENIOR LIVING **RESIDENCE**,

**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:

The Agency has jurisdiction over the above-named Respondent pursuant to Chapter 408, 1. Part II, Florida Statutes, and the applicable authorizing statutes and administrative code provisions.

The Agency issued the attached Administrative Complaints and Election of Rights forms 2 to the Respondent. (Ex. 1) The Election of Rights form advised of the right to an administrative hearing.

The parties have since entered into the attached Settlement Agreement. (Ex. 2) 3.

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### Filed November 13, 2014 3:03 PM Division of Administrative Hearings

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. The Respondent shall relinquish the Limited Nursing License, and the Agency will issue a Standard license. The Respondent shall retain the services of a consultant; a full-time registered nurse to administer the day-to-day medication management program; and a licensed pharmacist as set forth in Paragraph 4(d), (e) and (f) of the Settlement Agreement.

2. The Respondent shall pay the Agency \$16,000.00. 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

ORDERED in Tallahassee, Florida, on this <u>12</u> day of <u>Normber</u>, 2014.

Elizabeth Dudek, Secretary Agency for Health Oare Administration

# **NOTICE OF RIGHT TO JUDICIAL REVIEW**

A party that is adversely affected by this Final Order is entitled to seek 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**



Richard J. Shoop, Agency Clerk Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #3 Tallahassee, Florida 32308-5403 Telephone (850) 412-3630

Barbara J. Staros	Thomas J. Walsh II, Esquire
Administrative Law Judge	Informal Hearing Officer
Division of Administrative Hearings	Agency for Health Care Administration
(Electronic Mail)	(Electronic Mail)
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