## STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION



STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION.

2014 JUN 20 A 10: 19

Petitioner,

v.

AHCA NO.: 2013007735

DOAH NO.: 14-125

RENDITION NO.: AHCA- 14 - 0579 -S-OLC

SUMMERVILLE 14 LLC d/b/a EMERITUS AT BONITA SPRINGS.

Respondent
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## **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 \$2,000. 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 Elizabeth Dudek, Secretary

Agency for Health Care Administration

## NOTICE OF RIGHT TO JUDICÍAL 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 20 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

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Facilities Intake Unit	Revenue Management Unit
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