

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

2014 MAR 31 A 11: 22

SENIOR CARE GROUP, INC, d/b/a
LAKESHORE VILLAS HEALTH
CARE CENTER,

Petitioner,

vs.

STATE OF FLORIDA AGENCY FOR
HEALTH CARE ADMINISTRATION,

Respondent.

Case No. 13-395PH
AHCA No. 2013005471
RENDITION NO.: AHCA- 14 -0275 -S-OLC

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

SENIOR CARE GROUP, INC. d/b/a
LAKESHORE VILLAS HEALTH
CARE CENTER,

Respondent.

ACHA No. 2013006461

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

SENIOR CARE GROUP, INC. d/b/a
LAKESHORE VILLAS HEALTH
CARE CENTER,

Respondent.

ACHA No. 2013006462

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

DOAH No. 14-248

vs.

ACHA No. 2013006534

SENIOR CARE GROUP, INC. d/b/a
LAKESHORE VILLAS HEALTH
CARE CENTER,

Respondent.

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

DOAH No. 14-528

vs.

ACHA No. 2013007612

SENIOR CARE GROUP, INC. d/b/a
LAKESHORE VILLAS HEALTH
CARE CENTER,

Respondent.

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

DOAH No. 14-521

vs.

ACHA No. 2013010196

SENIOR CARE GROUP, INC. d/b/a
LAKESHORE VILLAS HEALTH
CARE CENTER,

Respondent.

FINAL ORDER

Having reviewed the Administrative Complaints and Notices of Intent to Deny, and all other matters of record, the Agency for Health Care Administration finds and concludes as follows:

1. The Agency has jurisdiction over Senior Care Group, Inc. d/b/a Lakeshore Villas Health Care Center pursuant to Chapter 408, Part II, Florida Statutes, and the applicable authorizing statutes and administrative code provisions.

2. The Agency issued the attached Administrative Complaints and Notices of Intent to Deny and Election of Rights forms to Senior Care Group, Inc. d/b/a Lakeshore Villas Health Care Center. (Ex. 1) The Election of Rights forms 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.

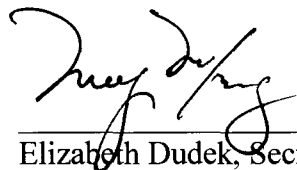
2. The Notice of Intent to Deny is superseded by this Agreement.

3. Senior Care Group, Inc. d/b/a Lakeshore Villas Health Care Center shall pay the Agency \$25,500.00. 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

4. Conditional licensure status is imposed on Senior Care Group, Inc. d/b/a Lakeshore Villas Health Care Center beginning on April 12, 2013.

ORDERED at Tallahassee, Florida, on this 28 day of March, 2014.



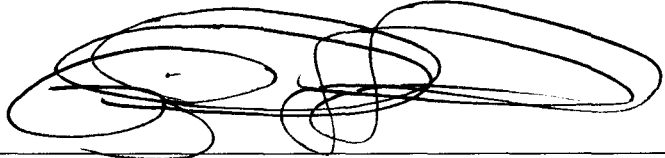
Elizabeth Dudek, Secretary
Agency for Health Care Administration

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 3rd day of March, 2014.



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)	Anna G. Small, Esq. Allen Dell, P.A. 202 South Rome Avenue Tampa, Florida 33606 (U.S. Mail)
Linzie F. Bogan Administrative Law Judge Division of Administrative Hearings (Electronic Mail)	Lynne A. Quimby-Pennock Administrative Law Judge Division of Administrative Hearings (Electronic Mail)

2013005471



Certified Article Number
7196 9008 9111 8922 9925
SENDERS RECORD

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 22, 2013

ADMINISTRATOR
LAKESHORE VILLAS HEALTH CARE CENTER
16002 LAKESHORE VILLA DR
TAMPA, FL 33613

RECEIVED
FACILITY INTAKE UNIT
MAY 23 2013

LICENSE NUMBER: 1282096
FILE NUMBER: 62921
CASE #: 2013005471

Agency for Health
NOTICE OF INTENT TO DENY

Dear Ms. Johnson:

It is the decision of this Agency that Lakeshore Villas Health Care Center's license renewal application for a nursing home be DENIED.

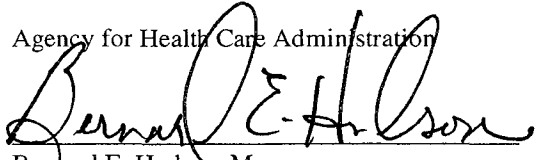
The specific basis for the Agency's decision is based on the following grounds:

- Pursuant to section 400.121(3)(d), F.S., the Agency shall revoke or deny a nursing home license for two class I deficiencies arising from separate surveys within a 30 month period. Lakeshore Villas Health Care Center was cited for Class I deficiencies on October 13, 2011 and November 14, 2012.
- Section 408.815(1), F.S., states that in addition to the grounds provided in authorizing statutes, grounds that may be used by the agency for denying and revoking a license or change of ownership application include any of the following actions by a controlling interest: (a) a violation of this part, authorizing statutes, or applicable rules; and (d) a demonstrated pattern of deficient performance.

EXPLANATION OF RIGHTS

Pursuant to Section 120.569, F.S., you have the right to request an administrative hearing. In order to obtain a formal proceeding before the Division of Administrative Hearings under Section 120.57(1), F.S., your request for an administrative hearing must conform to the requirements in Section 28-106.201, Florida Administrative Code (F.A.C), and must state the material facts you dispute.

SEE ATTACHED ELECTION AND EXPLANATION OF RIGHTS FORMS.

Agency for Health Care Administration

Bernard E. Hudson, Manager
Long Term Care Unit

cc: Agency Clerk, Mail Stop 3

EXHIBIT 1



STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

**RE: LAKESHORE VILLAS HEALTH CARE CENTER
CASE NUMBER: 2013005471**

ELECTION OF RIGHTS

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

An Election of Rights must be returned by mail or by fax within twenty-one (21) days of the day you receive the attached Notice of Intent to Impose a Fine, Administrative Complaint or any other proposed action by AHCA.

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

(Please reply using this Election of Rights form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes (2006) and Rule 28, Florida Administrative Code.)

Please return your ELECTION OF RIGHTS to:

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 to the allegations of facts and law contained in the Notice of Intent to Impose a Fine, Administrative Complaint, or other notice of intended action by AHCA and I waive my right to object and 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 proposed penalty, fine or action.

OPTION TWO (2) ____ **I admit to the allegations of facts and law contained in the Notice of Intent to Impose a Fine, Administrative Complaint, or other proposed action by AHCA, 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 facts and law contained in the Notice of Intent to Impose a Fine, Administrative Complaint, or other proposed action by AHCA, and I request a formal hearing** (pursuant to Section 120.57(1), Florida Statutes) before an Administrative Law Judge appointed by the Division of Administrative Hearings.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 8, 2013

RECEIVED
GENERAL COUNSEL

LAKESHORE VILLAS HEALTH CARE CENTER
16002 LAKESHORE VILLA DR
TAMPA, FL 33613

JUL 12 2013

Agency for Health
Care Administration

Dear Administrator:

The attached license with Certificate #18248 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 status change to Conditional.

Sincerely,

Tracey Weatherspoon for
Kathy Munn
Agency for Health Care Administration
Division of Health Quality Assurance

Enclosure

cc: Medicaid Contract Management



CERTIFICATE #: 18248

LICENSE #: SNF1282096

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

NURSING HOME

CONDITIONAL

This is to confirm that SENIOR CARE GROUP, INC. 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:

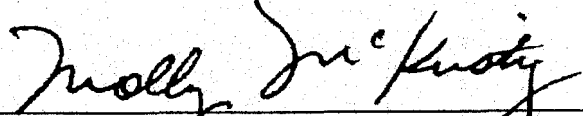
LAKESHORE VILLAS HEALTH CARE CENTER
16002 LAKESHORE VILLA DR
TAMPA, FL 33613

TOTAL: 179 BEDS

STATUS CHANGE

EFFECTIVE DATE: 06/04/2013

EXPIRATION DATE: 06/29/2013


Deputy Secretary, Division of Health Quality Assurance