

STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

1017 NOV -2 P 12: 34

AGENCY FOR HEALTH CARE	DOAH CASE NO.: 14-3607MPI
ADMINISTRATION,	MPI CASE NO.: 2015-0002013
	C.I. NO.: 14-0282-000
	PROVIDER NO.: 010121400
Petitioners,	NPI NO.: 1518941806
	LICENSE NO.: 4061
VS.	RENDITION NO.: AHCA- 17 -0638 -S-MDC
MARINERS HOSPITAL, INC.,	
Respondent.	

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 on this the 2 day of November, 2017, in Tallahassee, Florida.

JUSTIN M. SENIOR, 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:

Mariners Hospital, Inc. Attn: Beth Gillis, Assistant Vice President of Compliance 6855 Red Road Coral Gables, FL 33143-3623 (U.S. mail) Mariners Hospital, Inc. PO Box 025819 Miami, Fl. 33102-5819 (U.S. mail)

Craig H. Smith
Hogan Lovells US LLP
600 Brickell Avenue
Suite 2700
Miami, Florida 33131
craig.smith@hoganlovells.com
(E-Mail)

Division of Health Quality Assurance Bureau of Health Facility Regulation (E-Mail)

Kelly Bennett, Chief, MPI (Interoffice mail)

Bureau of Financial Services (Interoffice mail)

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished to

the above named addressees by U.S. Mail or other designated method on this the Zis day of

Mue-la, 2017.

Richard J. Shoop, Esquire

Agency Clerk State of Florida

Agency for Health Care Administration

2727 Mahan Drive, MS #3

Tallahassee, Florida 32308-5403

(850) 412-3689/FAX (850) 921-0158