

STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION 2015 0CT -9 P 12: 07

| GV LAUDERHILL, LLC d/b/a GRAND VILLA OF DELRAY EAST, | DOAH No. 15-0212 |
|--|---|
| Petitioner, | |
| v. | AHCA No. 2014011974 RENDITION NO.: AHCA-15 - OLIG -S-OLG |
| STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION, | |
| Respondent. | / |
| STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION, | DOAH No. 14-5640 |
| Petitioner, | |
| v. | AHCA No. 2014010307 |
| GV LAUDERHILL, LLC d/b/a GRAND VILLA OF DELRAY EAST, | |
| Respondent. | |
| STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION, | DOAH No. 15-0038 |
| Petitioner, | |
| v. | AHCA No. 2014003526 |

GV LAUDERHILL, LLC d/b/a

Respondent.

GRAND VILLA OF DELRAY EAST,

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

DOAH No. 15-0214

AHCA No. 2014003521 Petitioner, v. GV LAUDERHILL, LLC d/b/a GRAND VILLA OF DELRAY EAST, Respondent. GV LAUDERHILL, LLC d/b/a GRAND VILLA OF DELRAY EAST, DOAH No. 15-0302 Former DOAH No. 14-1861 Petitioner, v. AHCA No. 2014002452 STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION, Respondent. STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION, DOAH No. 15-0303 Former DOAH No. 14-1922 Petitioner, AHCA No. 2014001438 v. GV LAUDERHILL, LLC d/b/a GRAND VILLA OF DELRAY EAST, Respondent.

| Petitioner, | | | | |
|--|---|------------------------------------|--|--|
| v. | | AHCA No. 2014001642 | | |
| GV LAUDERHILL, LLC d/b/a GRAND VILLA OF DELRAY EAST, | | | | |
| Respondent. | / | | | |
| STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION, | | DOAH No. 15-1084 | | |
| Petitioner, | | | | |
| v. | | AHCA No. 2015000694 | | |
| GV LAUDERHILL, LLC d/b/a GRAND VILLA OF DELRAY EAST, | | | | |
| Respondent. | / | | | |
| STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION, | | | | |
| Petitioner, | | | | |
| v. | | AHCA No. 201500027 | | |
| GV LAUDERHILL, LLC d/b/a GRAND VILLA OF DELRAY EAST, | | (Immediate Moratorium on Admission | | |
| Respondent. | / | | | |

DOAH No. 15-0438

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

FINAL ORDER

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

1. The Agency issued the attached Notices of Intent to Deny, Administrative Complaints and Election of Rights forms, and Immediate Moratorium on Admissions to the Provider. (Composite Ex. 1) The parties have since entered into the attached Settlement Agreement, which is adopted and incorporated by reference into this Final Order. (Ex. 2)

Based upon the foregoing, it is **ORDERED**:

- 2. The Settlement Agreement is adopted and incorporated by reference into this Final Order. The parties shall comply with the terms of the Settlement Agreement.
- 3. The Provider shall pay the Agency \$47,750.00. If full payment has already been made, the cancelled check is your receipt 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 payable to the "Agency for Health Care Administration" and containing the AHCA case numbers should be sent to:

Central Intake Unit Agency for Health Care Administration 2727 Mahan Drive, Mail Stop 61 Tallahassee, Florida 32308

- 4. The Notices of Intent to Deny licensure issued to the Provider are withdrawn.
- 5. The Immediate Moratorium on Admissions issued to the Provider is lifted.

ORDERED at Tallahassee, Florida, on this 8 day of 0 dolor , 2015.

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 | d correct copy | of this Final | Order was | served on the | e below-named |
|----------------------|-----------------|----------------|---------------|-----------|---------------|---------------|
| persons by the metho | | | | 06 | De . | , 2015. |

Richard J. Shoop, Agency Clerk Agency for Health Care Administration 2727 Mahan Drive, Mail Stop 3 Tallahassee, Florida 32308

Telephone: (850) 412-3630

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|--|---|
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| The Honorable Cathy M. Sellers | |
| Division of Administrative Hearings | |
| (Electronic Filing) | |