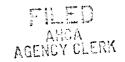
STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION



2015 OCT -9 P 12: 0b

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

Petitioner,

DOAH No.15-0574

v.

AHCA No. 214008589 License No. 11239 File No. 11967183

A SWEET ADULT CARE ALF INC.,

Respondent.

Provider Type: Assisted Living Facility

RENDITION NO.: AHCA- 15 -OL19 - S-OLC

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 issued the attached Administrative Complaint and Election of Rights form to the Respondent. (Ex. 1)
 - 2. 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's owner, Pedro E. Perez, shall not be eligible to apply for any type of license issued by the Agency for Health Care Administration for a period of 10 years after the execution of the settlement agreement.
- 3. The Respondent shall pay the Agency \$2,000.00 within 30 days of the execution of the Final Order and the remainder of the fine (\$8,000.00) is due and owing if the current owner (Pedro E. Perez) returns to be a license holder at any time in the future after the 10 years have passed. 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 collection. A check made payable to the Agency for Health Care Administration" and containing the AHCA ten-digit case number should be sent to:

Central Intake Unit Agency for Health Care Administration 2727 Mahan Drive, Mail Stop 61 Tallahassee, Florida 32308 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 a	and correct copy of this Final	l Order was served on the	he below-named
persons by the method designated	on this 95 day of	Otoper	, 2015.

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

Facilities Intake Unit	Catherine Avery, Unit Manager
Agency for Health Care Administration	Licensure Unit
(Electronic Mail)	Agency for Health Care Administration
	(Electronic Mail)
Central Intake Unit	Arlene Mayo-Davis, Field Office Manager
Agency for Health Care Administration	Local Field Office
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	(Electronic Mail)
Katrina Derico-Harris	Alba M. Rodriguez, Senior Attorney
Medicaid Accounts Receivable	Office of the General Counsel
Agency for Health Care Administration	Agency for Health Care Administration
(Electronic Mail)	(Electronic Mail)

Shawn McCauley	Pedro E. Perez
Medicaid Contract Management	A Sweet Adult Care ALF, Inc.
Agency for Health Care Administration	2751 NW 209 th Terrace
(Electronic Mail)	Miami, Gardens, Florida 33056
	(U.S. Mail)
Darren A. Schwartz, Administrative Law Judge	Vidal Merino Velis, Esquire
Division of Administrative Hearings	Attorney for Respondent
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	Post Office Box 14-0729
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	(U.S. Mail)