STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

2015 OCT 12 P 2: 42

Petitioner,

Case No.15-3097

v.

AHCA No. 2015003007 RENDITION NO.: AHCA- 15 -01,28 -506

FLORIDIAN FACILITY OPERATIONS LLC, d/b/a FLORIDIAN HEALTHCARE,

Respondent.

_____/

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) The parties have since entered into the attached Settlement Agreement, which is adopted and incorporated by reference into this Final Order. (Ex. 2)

2. The Respondent shall pay the Agency \$4,000.00. 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:

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

3. Conditional licensure status is imposed on the Respondent beginning on 02/27/2015 and ending on 5/22/2015.

ORDERED at Tallahassee, Florida, on this _____ day of ______, 2015.

Dudek. Secretary

Elizabeth Dudek, Secretary Agency for Health Care Administration

Filed October 26, 2015 10:33 AM Division of Administrative Hearings

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 12 day of _______, 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 Agency for Health Care Administration (Electronic Mail)	Central Intake Unit Agency for Health Care Administration (Electronic Mail)
Nelson E. Rodney Office of the General Counsel Agency for Health Care Administration (Electronic Mail)	Susan Marie Prado, Administrator Floridian Healthcare 47 NW 32 nd Place Miami, Florida 33125 (U.S. Mail)
David M. Maloney, Administrative Law Judge Division of Administrative Hearings (Electronic Mail)	George Huffman, Esquire Consulate Health Care 5102 West Laurel Street, Suite 700 Tampa, Florida 33607 (U.S. Mail)