

STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

2020 JAN 31 P 12: 0

STATE OF FLORIDA, AGENCY FOR							
HEALTH CARE ADMINISTRATION,	DOAH CASE NO.:	15-3118MPI					
,	MPI CASE NO.: 2	015-0002441					
Petitioner,	C.I. NO.:	11-2589-000					
,	PROVIDER NO.:	010252100					
VS.	NPI NO.:	1134102080					
	LICENSE NO.:	4316					
SOUTH BROWARD HOSPITAL DISTRICT D/B/A MEMORIAL HOSPITAL WEST,	RENDITION NO.: AHCA- 20 - 072S-MDO						
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 31 day of 2020, in Tallahassee, Leon County, Florida.

> C. MAYHEW, 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:

South Broward Hospital District d/b/a Memorial Hospital West 2900 Corporate Way Miramar, Florida 33025-3925 ATTN: Lelissa Burns (U.S. Mail)	Joanne B. Erde, P.A. Duane Morris LLP 200 South Biscayne Boulevard, Suite 3400 Miami, Florida 33131 jerde@duanemorris.com (Electronic Mail)
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Kelly Bennett, Chief, MPI (Electronic Mail)	

CERTIFICATE OF SERVICE

	I HERE	EBY	CER	ΓIFY	that	a tru	e an	d c	orrect	copy	of the	foregoi	ing has	been	furnis	shed	to
the ab	ove nam	ed a	address	sees	by U	.S. N	/Iail	or	other	desig	nated	method	on thi	s the	31st	day	of

Jenner-) 2020.

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