

**STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION**

FILED
AHCA
AGENCY CLERK

2016 APR 14 P 2:00

OSCEOLA REGIONAL HOSPITAL, INC. d/b/a
OSCEOLA REGIONAL MEDICAL CENTER,

Petitioner,

DOAH CASE NO.: 15-3831CON

AHCA CASE NO.: 2015007011

CON NO.: 10349

vs.

RENDITION NO.: AHCA- 16 - 0284 -S-CON

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Respondent.

FINAL ORDER

THIS CAUSE is before the State of Florida, Agency for Health Care Administration (“the Agency”) concerning the preliminary denial of Certificate of Need (“CON”) 10349 filed by Osceola Regional Hospital, Inc. d/b/a Osceola Regional Medical Center (“Osceola”), to establish a 28-bed comprehensive medical rehabilitation unit in its hospital.

1. Pursuant to the published notice, the Agency denied Osceola’s CON Application 10349.


2. Osceola filed a Petition for Formal Administrative Hearing on July 2, 2015, and that matter was referred to the Division of Administrative Hearings. The case was consolidated with another case, involving CON 10348, but thereafter severed.

3. The parties to the proceedings have since entered into the attached Settlement Agreement (Ex. 1) resolving the issues in this case.

It is therefore **ORDERED:**

1. CON 10349 is approved with the conditions set forth in the parties’ Settlement Agreement. The Agency shall issue CON 10349 to Osceola.

ORDERED in Tallahassee, Florida, on this 13 day of April, 2016.



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 the original Notice of Appeal with the Agency Clerk of AHCA, and a copy along with the filing fee 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 the rendition of the order to be reviewed.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the Final Order has been furnished by the method designated to the persons named below on this 14th day of April, 2016.


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

W. David Watkins
Administrative Law Judge
Division of Administrative Hearings
(E-File)

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