

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AIDA
AGENCY CLERK

2015 NOV -3 P 12: 04

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

DOAH CASE NO.: 15-4196
FINE NO.: F0115-0745-001
LICENSE NO.: 1416096
INVOICE NO.: 0115-0745

PALM GARDEN OF WEST PALM BEACH, LLC,

Respondent.

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

DOAH CASE NO.: 15-4187
FINE NO.: F0115-0735-001
LICENSE NO.: 1407096
INVOICE NO.: 0115-0731

PALM GARDEN OF CLEARWATER, LLC,

Respondent.

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

DOAH CASE NO.: 15-4188
FINE NO.: F0115-0736-001
LICENSE NO.: 1408096
INVOICE NO.: 0115-0736

PALM GARDEN OF GAINESVILLE, LLC,

Respondent.

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

PALM GARDEN OF JACKSONVILLE, LLC,

Respondent.

DOAH CASE NO.: 15-4189
FINE NO.: F0115-0737-001
LICENSE NO.: 1406096
INVOICE NO.: 0115-0737

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

PALM GARDEN OF ORLANDO, LLC,

Respondent.

DOAH CASE NO.: 15-4190
FINE NO.: F0115-0739-001
LICENSE NO.: 1412096
INVOICE NO.: 0115-0739

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

PALM GARDEN OF LARGO, LLC,

Respondent.

DOAH CASE NO.: 15-4191
FINE NO.: F0115-0738-001
LICENSE NO.: 1409096
INVOICE NO.: 0115-0738

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

PALM GARDEN OF PINELLAS, LLC,

Respondent.

DOAH CASE NO.: 15-4192
FINE NO.: F0115-0740-001
LICENSE NO.: 1418095
INVOICE NO.: 0115-0740

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

PALM GARDEN OF PORT ST. LUCIE, LLC,

Respondent.

DOAH CASE NO.: 15-4193
FINE NO.: F0115-0741-001
LICENSE NO.: 1419096
INVOICE NO.: 0115-0740

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

PALM GARDEN OF SUN CITY, LLC,

Respondent.

DOAH CASE NO.: 15-4194
FINE NO.: F0115-0742-001
LICENSE NO.: 1421096
INVOICE NO.: 0115-0742

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

PALM GARDEN OF TAMPA, LLC,

Respondent.

DOAH CASE NO.: 15-4195
FINE NO.: F0115-0743-001
LICENSE NO.: 1420095
INVOICE NO.: 0115-0743

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

PALM GARDEN OF WINTER HAVEN, LLC,

Respondent.

DOAH CASE NO.: 15-4197
FINE NO.: F0115-0746-001
LICENSE NO.: 1414096
INVOICE NO.: 0115-0746

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

PALM GARDEN OF AVENTURA, LLC,

Respondent.

DOAH CASE NO.: 15-4198
FINE NO.: F0115-0747-001
LICENSE NO.: 1410096
INVOICE NO.: 0115-0747

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

PALM GARDEN OF OCALA, LLC,

Respondent.

DOAH CASE NO.: 15-4199
FINE NO.: F0115-0748-001
LICENSE NO.: 1411096
INVOICE NO.: 0115-0748

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

PALM GARDEN OF VERO BEACH, LLC,

Respondent.

DOAH CASE NO.: 15-4202
FINE NO.: F0115-0744-001
LICENSE NO.: 1415096
INVOICE NO.: 0115-0744

FINAL ORDER

This matter involves Administrative Fine – Quality Assessment Fee letters issued by the Agency for Health Care Administration (“AHCA”) on June 11, 2015, attached hereto as Exhibits “A” through “N,” that imposed three thousand dollar (\$3,000.00) fines on each of the above-named facilities (each of the above-named facilities to be collectively referred to by the singular term, “Provider,” hereinafter) for violations of Section 409.9082, Florida Statutes.

On June 22 and 23, 2015, Provider filed a Petition for Formal Administrative Hearing.

On July 24, 2015, the Agency Clerk issued a Notice advising the Division of Administrative Hearings (“DOAH”) of Provider’s Petition for Formal Administrative Hearing and requesting that an Administrative Law Judge be assigned to the matter.

On August 3, 2015, the Administrative Law Judge issued an Order of Consolidation, consolidating DOAH Case Nos. 15-4187, 15-4188, 15-4189, 15-4190, 15-4191, 15-4192, 15-4193, 15-4194, 15-4195, 15-4196, 15-4197, 15-4198, 15-4199, and 15-4202 pursuant to Rule 28-106.108 of the *Florida Administrative Code* .

On August 6, 2015, the Administrative Law Judge issued a Notice of Hearing, scheduling a hearing in this matter for October 8, 2015, in Tallahassee, Florida.

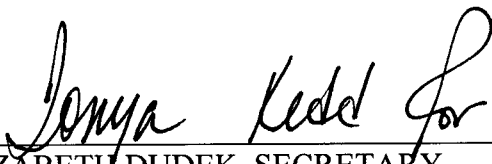
On August 28, 2015, Provider filed a Notice of Voluntary Dismissal.

On September 1, 2015, the Administrative Law Judge issued an Order Closing Files and Relinquishing Jurisdiction.

As Provider has voluntarily dismissed the Petitions in each of the above-named cases, Provider is required, pursuant to the June 11, 2015, Administrative Fine – Quality Assessment Fee letters (Exhibits “A” through “N”) to pay AHCA fines in the amount of three thousand dollars (\$3,000.00) per above-named facility for a total of forty-two thousand dollars (\$42,000.00).

Based on the foregoing, this file is CLOSED.

DONE and ORDERED on this the 3rd day of November 2015 in Tallahassee, Florida.



ELIZABETH DUDEK, 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 via email to:

1) R. Terry Rigsby, Esquire
Pennington, P.A.
trigsby@penningtonlaw.com
(Attorney for the Provider)

6) Willis Melvin, Esquire
(Office of the General Counsel)

7) Gregory Pitt, Esquire
(Office of the General Counsel)

2) Bureau of Medicaid Program Finance

3) Bureau of Financial Services

4) Stuart Williams, Esquire
(Office of the General Counsel)

5) Shena Grantham, Esquire
(Office of the General Counsel)

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished to the above named addressees by email on this the 3rd day of November 2015.



Richard J. Shoop, 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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

ADMINISTRATIVE FINE-QUALITY ASSESSMENT FEES

June 11, 2015

PG of West Palm Beach
300 EXECUTIVE CENTER DRIVE
West Palm Beach FL 33401

VIA CERTIFIED MAIL

FINE INVOICE#: F0115-0745-001_
Invoice#: 0115-0745
Original Due Date: 2/15/2015

Our records indicate that payment for the above invoice was not received on its due date.

As specified in 409.9082, Florida Statutes, states:

(2) The assessment shall be payable to and collected by the agency on the 15th of the month following the reporting month.

(7)(c) The agency shall impose an administrative fine, not to exceed \$500 per day for the first occurrence and \$1,000 per day for subsequent occurrences, not to exceed the amount of the assessment; for failure of any facility to pay its assessment by the 20th of the month.

See the attached statement for the administrative fine assessed.

Please remit the fine payment upon receipt of this letter. For prompt crediting to your account, please return a copy of this letter with your payment to:

Agency for Health Care Administration
Revenue Management Unit, Quality Assessments
Post Office Box 13749, Mail Stop 14
Tallahassee, FL 32317-3749

Should you have any questions, please feel free to call Michael Murphy at (850) 412-3829.

/mjc
Enclosure

2727 Mahan Drive • Mail Stop #14
Tallahassee, FL 32308
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

EXHIBIT A

AHCA - RARA

Date: 05/13/2015 12:28:24
 User: FDHC\calabrem
 Environment: Production

PALM GARDEN OF WEST PALM BEACH

Provider Status

The status is Active as of 06/08/2010 05:00:07.

Provider Details

Provider ID 35-95036
 License Number 1416096
 Provider Type NURSING HOME

Audit Trail

Last Modified By
 FDHC\RARA_User
 Last Modified On
 06/08/2010 05:00:07

Physical Location

300 EXECUTIVE CENTER DRIVE
 WEST PALM BEACH, FL 33401

Mailing Address

300 EXECUTIVE CENTER DRIVE
 WEST PALM BEACH, FL 33401

Contact Info

Name Primary Contact
 Phone Number (561) 471-5566
 Fax Number (561) 471-5566
 Other Number
 Email Address

Active Receivables

Program Filter: NFQA Exemption Status: NOT EXEMPT

SEQ #	Doc Of Record ID	Reporting Period	Type	Account Code	Due Date	Amount	Balance Due
001	1013-0649	2013 OCT	Invoice	68503055000 QF 001012	11/15/2013	\$99,733.32	\$99,733.32
002	F0115-0745-001	2015 JAN	Fine	68503055000 QF 012000	02/15/2015	\$3,000.00	\$3,000.00

Available Deferred Revenues

List of Deferred Revenues

There is no deferred revenue for the selected program.

Florida Agency for Health Care Administration
 © 2010



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

ADMINISTRATIVE FINE-QUALITY ASSESSMENT FEES

June 11, 2015

PG of Clearwater
3480 McMullen Booth Road
Clearwater FL 33761

VIA CERTIFIED MAIL

FINE INVOICE#: F0115-0735-001_
Invoice#: 0115-0731
Original Due Date: 2/15/2015

Our records indicate that payment for the above invoice was not received on its due date.

As specified in 409.9082, Florida Statutes, states:

(2) The assessment shall be payable to and collected by the agency on the 15th of the month following the reporting month.

(7)(c) The agency shall impose an administrative fine, not to exceed \$500 per day for the first occurrence and \$1,000 per day for subsequent occurrences, not to exceed the amount of the assessment; for failure of any facility to pay its assessment by the 20th of the month.

See the attached statement for the administrative fine assessed.

Please remit the fine payment upon receipt of this letter. For prompt crediting to your account, please return a copy of this letter with your payment to:

Agency for Health Care Administration
Revenue Management Unit, Quality Assessments
Post Office Box 13749, Mail Stop 14
Tallahassee, FL 32317-3749

Should you have any questions, please feel free to call Michael Murphy at (850) 412-3829.

/mjc
Enclosure

2727 Mahan Drive • Mail Stop #14
Tallahassee, FL 32308
AHCA.MyFlorida.com



EXHIBIT B

Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

AHCA - RARA

Date: 05/13/2015 12:25:27
 User: FDHC\eslabrem
 Environment: Production

PALM GARDEN OF CLEARWATER

Provider Status

The status is Active as of 06/08/2010 05:00:07.

Provider Details

Provider ID 35-55262
 License Number 1407096
 Provider Type NURSING HOME

Audit Trail

Last Modified By
 FDHC\RARA_User
 Last Modified On
 06/08/2010 05:00:07

Physical Location

3480 MCMULLEN BOOTH RD
 CLEARWATER, FL 33761

Mailing Address

3480 MCMULLEN BOOTH RD
 CLEARWATER, FL 33761

Contact Info

Name Primary Contact
 Phone Number (727) 786-6697
 Fax Number (727) 786-6697
 Other Number
 Email Address

Active Receivables

Program Filter: NFQA Exemption Status: NOT EXEMPT

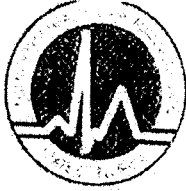
SEQ #	Doc Of Record ID	Reporting Period	Type	Account Code	Due Date	Amount	Balance Due
001	1113-0546	2013 NOV	Invoice	68503055000 QF 001012	12/15/2013	\$60,210.96	\$237.80
002	1213-0727	2013 DEC	Invoice	68503055000 QF 001012	01/15/2014	\$62,398.72	\$62,398.72
003	F0115-0735-001	2015 JAN	Fine	68503055000 QF 012000	02/15/2015	\$3,000.00	\$3,000.00

Available Deferred Revenues

List of Deferred Revenues

There is no deferred revenue for the selected program.

Florida Agency for Health Care Administration
 © 2010



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

ADMINISTRATIVE FINE-QUALITY ASSESSMENT FEES

June 11, 2015

PG of Gainesville
227SW 62nd Boulevard
Gainesville FL 32607

VIA CERTIFIED MAIL

FINE INVOICE#: F0115-0736-001_
Invoice#: 0115-0736
Original Due Date: 2/15/2015

Our records indicate that payment for the above invoice was not received on its due date.

As specified in 409.9082, Florida Statutes, states:

(2) The assessment shall be payable to and collected by the agency on the 15th of the month following the reporting month.

(7)(c) The agency shall impose an administrative fine, not to exceed \$500 per day for the first occurrence and \$1,000 per day for subsequent occurrences, not to exceed the amount of the assessment; for failure of any facility to pay its assessment by the 20th of the month.

See the attached statement for the administrative fine assessed.

Please remit the fine payment upon receipt of this letter. For prompt crediting to your account, please return a copy of this letter with your payment to:

Agency for Health Care Administration
Revenue Management Unit, Quality Assessments
Post Office Box 13749, Mail Stop 14
Tallahassee, FL 32317-3749

Should you have any questions, please feel free to call Michael Murphy at (850) 412-3829.

/mjc
Enclosure

2727 Mahan Drive • Mail Stop #14
Tallahassee, FL 32308
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

EXHIBIT C

AHCA - RARA

Date: 05/13/2015 12:25:43
 User: FDHC\calabrem
 Environment: Production

PALM GARDEN OF GAINESVILLE

Provider Status

The status is Active as of 06/08/2010 05:00:06.

Provider Details

Provider ID 35-30106
 License Number 1408096
 Provider Type NURSING HOME

Audit Trail

Last Modified By
 FDHC\RARA_User
 Last Modified On
 06/08/2010 05:00:06

Physical Location

227 SW 62ND BLVD
 GAINESVILLE, FL 32607

Mailing Address

227 SW 62ND BLVD
 GAINESVILLE, FL 32607

Contact Info

Name Primary Contact
 Phone Number (352) 331-0601
 Fax Number (352) 331-0601
 Other Number
 Email Address

Active Receivables

Program Filter: NFQA

Exemption Status: NOT EXEMPT

SEQ #	Doc Of Record ID	Reporting Period	Type	Account Code	Due Date	Amount	Balance Due
001	1013-0637	2013 OCT	Invoice	68503055000 QF 001012	11/15/2013	\$50,794.08	\$5,184.04
002	1113-0547	2013 NOV	Invoice	68503055000 QF 001012	12/15/2013	\$45,610.04	\$45,610.04
003	F0115-0736-001	2015 JAN	Fine	68503055000 QF 012000	02/15/2015	\$3,000.00	\$3,000.00

Available Deferred Revenues

List of Deferred Revenues

There is no deferred revenue for the selected program.

Florida Agency for Health Care Administration
 © 2010



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

ADMINISTRATIVE FINE-QUALITY ASSESSMENT FEES

June 11, 2015

PG of Jacksonville
5275 Spring Park Road
Jacksonville FL 32216

VIA CERTIFIED MAIL

FINE INVOICE#: F0115-0737-001
Invoice#: 0115-0737
Original Due Date: 2/15/2015

Our records indicate that payment for the above invoice was not received on its due date.

As specified in 409.9082, Florida Statutes, states:

(2) The assessment shall be payable to and collected by the agency on the 15th of the month following the reporting month.

(7)(c) The agency shall impose an administrative fine, not to exceed \$500 per day for the first occurrence and \$1,000 per day for subsequent occurrences, not to exceed the amount of the assessment; for failure of any facility to pay its assessment by the 20th of the month.

See the attached statement for the administrative fine assessed.

Please remit the fine payment upon receipt of this letter. For prompt crediting to your account, please return a copy of this letter with your payment to:

Agency for Health Care Administration
Revenue Management Unit, Quality Assessments
Post Office Box 13749, Mail Stop 14
Tallahassee, FL 32317-3749

Should you have any questions, please feel free to call Michael Murphy at (850) 412-3829.

/mjc
Enclosure

2727 Mahan Drive • Mail Stop #14
Tallahassee, FL 32308
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

EXHIBIT D

AHCA - RARA

Date: 05/15/2015 12:25:58
 User: FDHC\RARA_User
 Environment: Production

PALM GARDEN OF JACKSONVILLE

Provider Status

The status is Active as of 06/08/2010 05:00:06.

Provider Details

Provider ID 35-41625
 License Number 1406096
 Provider Type NURSING HOME

Audit Trail

Last Modified By
 FDHC\RARA_User
 Last Modified On
 06/08/2010 05:00:06

Physical Location

5725 SPRING PARK ROAD
 JACKSONVILLE, FL 32216

Mailing Address

5725 SPRING PARK ROAD
 JACKSONVILLE, FL 32216

Contact Info

Name Primary Contact
 Phone Number (904) 733-6954
 Fax Number (904) 733-6954
 Other Number
 Email Address

Active Receivables

Program Filter: NFQA

Exemption Status: NOT EXEMPT

SEQ #	Doc Of Record ID	Reporting Period	Type	Account Code	Due Date	Amount	Balance Due
001	1013-0638	2013 OCT	Invoice	68503055000 QF 001012	11/15/2013	\$66,251.08	\$66,251.08
002	F0115-0737-001	2015 JAN	Fine	68503055000 QF 012000	02/15/2015	\$3,000.00	\$3,000.00

Available Deferred Revenues

List of Deferred Revenues

There is no deferred revenue for the selected program

Florida Agency for Health Care Administration
 © 2010



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

ADMINISTRATIVE FINE-QUALITY ASSESSMENT FEES

June 11, 2015

PG of Orlando
654 East Econlockhatchee Trail
Orlando FL 32825

VIA CERTIFIED MAIL

FINE INVOICE#: F0115-0739-001
Invoice#: 0115-0739
Original Due Date: 2/15/2015

Our records indicate that payment for the above invoice was not received on its due date.

As specified in 409.9082, Florida Statutes, states:

(2) The assessment shall be payable to and collected by the agency on the 15th of the month following the reporting month.

(7)(c) The agency shall impose an administrative fine, not to exceed \$500 per day for the first occurrence and \$1,000 per day for subsequent occurrences, not to exceed the amount of the assessment; for failure of any facility to pay its assessment by the 20th of the month.

See the attached statement for the administrative fine assessed.

Please remit the fine payment upon receipt of this letter. For prompt crediting to your account, please return a copy of this letter with your payment to:

Agency for Health Care Administration
Revenue Management Unit, Quality Assessments
Post Office Box 13749, Mail Stop 14
Tallahassee, FL 32317-3749

Should you have any questions, please feel free to call Michael Murphy at (850) 412-3829.

/mjc
Enclosure

2727 Mahan Drive • Mail Stop #14
Tallahassee, FL 32308
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

EXHIBIT E

AHCA - RARA

Date: 05/13/2015 12:27:01
 User: FDHC\RARA_User
 Environment: Production

PALM GARDEN OF ORLANDO

Provider Status

The status is Active as of 06/08/2010 05:00:07.

Provider Details

Provider ID 35-74818
 License Number 1412096
 Provider Type NURSING HOME

Audit Trail

Last Modified By
 FDHC\RARA_User
 Last Modified On
 06/08/2010 05:00:07

Physical Location

654 N. ECONLOCKHATCHEE TRAIL
 ORLANDO, FL 32825-6402

Mailing Address

654 N. ECONLOCKHATCHEE TRAIL
 ORLANDO, FL 32825-6402

Contact Info

Name Primary Contact
 Phone Number (407) 273-6158
 Fax Number (407) 273-6158
 Other Number
 Email Address

Active Receivables

Program Filter: NFQA

Exemption Status: NOT EXEMPT

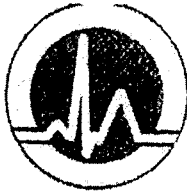
SEQ #	Doc Of Record ID	Reporting Period	Type	Account Code	Due Date	Amount	Balance Due
001	1013-0642	2013 OCT	Invoice	68503055000 QF 001012	11/15/2013	\$68,296.16	\$68,296.16
002	F0115-0739-001	2015 JAN	Fine	68503055000 QF 012000	02/15/2015	\$3,000.00	\$3,000.00

Available Deferred Revenues

List of Deferred Revenues

There is no deferred revenue for the selected program.

Florida Agency for Health Care Administration
 © 2010



RICE SCOTT
GOVERNOR

ELIZABETH DUDEL
SECRETARY

ADMINISTRATIVE FINE-QUALITY ASSESSMENT FEES

June 11, 2015

PG of Largo
10500 Starkey Road
Largo FL 33777

VIA CERTIFIED MAIL

FINE INVOICE#: F0115-0738-001
Invoice#: 0115-0738
Original Due Date: 2-15-2015

Our records indicate that payment for the above invoice was not received on its due date.

As specified in 409.9082, Florida Statutes, states:

(2) The assessment shall be payable to and collected by the agency on the 15th of the month following the reporting month.

(3) The agency shall impose an administrative fine, not to exceed \$500 per day for the first occurrence and \$1,000 per day for subsequent occurrences, not to exceed the amount of the assessment; for failure of any facility to pay its assessment by the 20th of the month.

See the attached statement for the administrative fine assessed.

Please remit the fine payment upon receipt of this letter. For prompt crediting to your account, please return a copy of this letter with your payment to:

Agency for Health Care Administration
Revenue Management Unit, Quality Assessments
Post Office Box 13749, Mail Stop 14
Tallahassee, FL 32317-3749

Should you have any questions, please feel free to call Michael Murphy at (850) 412-3829.

smc
Enclosure

2727 Mahan Drive • Mail Stop #14
Tallahassee, FL 32303
AHCA-AHCAFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

EXHIBIT F

AHCA - RARA

Date: 05/13/2015 12:26:13
 User: FDHC\calabrean
 Environment: Production

PALM GARDEN OF LARGO

Provider Status

The status is Active as of 06/08/2010 05:00:07.

Provider Details

Provider ID 55-55261
 License Number 1409096
 Provider Type NURSING HOME

Audit Trail

Last Modified By
 FDHC\RARA User
 Last Modified On
 06/08/2010 05:00:07

Physical Location

10500 STARKLEY RD
 LARGO, FL 33777

Mailing Address

10500 STARKLEY RD
 LARGO, FL 33777

Contact Info

Name Primary Contact
 Phone Number (727) 397-8166
 Fax Number (727) 397-8166
 Other Number
 Email Address

Active Receivables

Program Filter: NHQA Exemption Status: NO1 EXEMPT

SEQ #	Doc Of Record ID	Reporting Period	Type	Account Code	Due Date	Amount	Balance Due
001	1213-0730	2013 DEC	Invoice	68503055000 QF 001012	01/15/2014	\$71,577.80	\$67,535.20
002	10115-0738-001	2015 JAN	Line	68503055000 QF 012000	02/15/2015	\$3,000.00	\$3,000.00

Available Deferred Revenues

List of Deferred Revenues

There is no deferred revenue for the selected program.

Florida Agency for Health Care Administration
 © 2010



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

ADMINISTRATIVE FINE-QUALITY ASSESSMENT FEES

June 11, 2015

PG of Pinellas
200 16th Avenue SE
Largo FL 33771

VIA CERTIFIED MAIL

FINE INVOICE#: F0115-0740-001_
Invoice#: 0115-0740
Original Due Date: 2/15/2015

Our records indicate that payment for the above invoice was not received on its due date.

As specified in 409.9082, Florida Statutes, states:

(2) The assessment shall be payable to and collected by the agency on the 15th of the month following the reporting month.

(7)(c) The agency shall impose an administrative fine, not to exceed \$500 per day for the first occurrence and \$1,000 per day for subsequent occurrences, not to exceed the amount of the assessment; for failure of any facility to pay its assessment by the 20th of the month.

See the attached statement for the administrative fine assessed.

Please remit the fine payment upon receipt of this letter. For prompt crediting to your account, please return a copy of this letter with your payment to:

Agency for Health Care Administration
Revenue Management Unit, Quality Assessments
Post Office Box 13749, Mail Stop 14
Tallahassee, FL 32317-3749

Should you have any questions, please feel free to call Michael Murphy at (850) 412-3829.

/mjc
Enclosure

2727 Mahan Drive • Mail Stop #14
Tallahassee, FL 32308
AHCA MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

EXHIBIT G

AHCA - RARA

Date: 05/13/2015 12:27:15
 User: FDHC\RARA_User
 Environment: Production

PALM GARDEN OF PINELLAS

Provider Status

The status is Active as of 06/08/2010 05:00:07.

Provider Details

Provider ID 35-55269
 License Number 1418095
 Provider Type NURSING HOME

Audit Trail

Last Modified By
 FDHC\RARA_User
 Last Modified On
 06/08/2010 05:00:07

Physical Location

200 16TH AVE SE
 LARGO, FL 33771

Mailing Address

200 16TH AVE SE
 LARGO, FL 33771

Contact Info

Name Primary Contact
 Phone Number (727) 585-9377
 Fax Number (727) 585-9377
 Other Number
 Email Address

Active Receivables

Program Filter: NFQA Exemption Status: NOT EXEMPT

SEQ #	Doc Of Record ID	Reporting Period	Type	Account Code	Due Date	Amount	Balance Due
001	1213-0733	2013 DEC	Invoice	68503055000 QF 001012	01/15/2014	\$65,347.44	\$65,347.44
002	F0115-0740-001	2015 JAN	Fine	68503055000 QF 012000	02/15/2015	\$3,000.00	\$3,000.00

Available Deferred Revenues

List of Deferred Revenues

There is no deferred revenue for the selected program.

Florida Agency for Health Care Administration
 © 2010



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

ADMINISTRATIVE FINE-QUALITY ASSESSMENT FEES

June 11, 2015

PG of Port St Lucie
1751 Hillmoor Drive
Port St. Lucie FL 34952

VIA CERTIFIED MAIL

FINE INVOICE#: F0115-0741-001_
Invoice#: 0115-0740
Original Due Date: 2/15/2015

Our records indicate that payment for the above invoice was not received on its due date.

As specified in 409.9082, Florida Statutes, states:

(2) The assessment shall be payable to and collected by the agency on the 15th of the month following the reporting month.

(7)(c) The agency shall impose an administrative fine, not to exceed \$500 per day for the first occurrence and \$1,000 per day for subsequent occurrences, not to exceed the amount of the assessment; for failure of any facility to pay its assessment by the 20th of the month.

See the attached statement for the administrative fine assessed.

Please remit the fine payment upon receipt of this letter. For prompt crediting to your account, please return a copy of this letter with your payment to:

Agency for Health Care Administration
Revenue Management Unit, Quality Assessments
Post Office Box 13749, Mail Stop 14
Tallahassee, FL 32317-3749

Should you have any questions, please feel free to call Michael Murphy at (850) 412-3829.

/mjc
Enclosure

2727 Mahan Drive • Mail Stop #14
Tallahassee, FL 32308
AHCA.MyFlorida.com



EXHIBIT H

Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

AHCA - RARA

Date: 05/13/2015 12:27:31
 User: FDHC\RARA_User
 Environment: Production

PALM GARDEN OF PORT SAINT LUCIE

Provider Status

The status is Active as of 06/08/2010 05:00:07.

Provider Details

Provider ID 35-95606
 License Number 1419096
 Provider Type NURSING HOME

Audit Trail

Last Modified By
 FDHCRARA_User
 Last Modified On
 06/08/2010 05:00:07

Physical Location

1751 SE HILLMOOR DRIVE
 PORT SAINT LUCIE, FL 34952

Mailing Address

1751 SE HILLMOOR DRIVE
 PORT SAINT LUCIE, FL 34952

Contact Info

Name Primary Contact
 Phone Number (772) 335-8844
 Fax Number (772) 335-8844
 Other Number
 Email Address

Active Receivables

Program Filter: NFQA Exemption Status: NOT EXEMPT

SEQ #	Doc Of Record ID	Reporting Period	Type	Account Code	Due Date	Amount	Balance Due
001	1013-0644	2013 OCT	Invoice	68503055000 QF 001012	11/15/2013	\$54,884.24	\$54,884.24
002	F0115-0741-001	2015 JAN	Fine	68503055000 QF 012000	02/15/2015	\$3,000.00	\$3,000.00

Available Deferred Revenues

List of Deferred Revenues

SEQ #	Mapping ID	Receipt #	ORG	EO	OBJ	Amount
001	000094530	2010017757	68503055000	QF	001012	\$3.00

Florida Agency for Health Care Administration
 © 2010



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

ADMINISTRATIVE FINE-QUALITY ASSESSMENT FEES

June 11, 2015

PG of Sun City
3850 Upper Creek Drive
Sun City Center FL 33573

VIA CERTIFIED MAIL

FINE INVOICE#: F0115-0742-001_
Invoice#: 0115-0742
Original Due Date: 2/15/2015

Our records indicate that payment for the above invoice was not received on its due date.

As specified in 409.9082, Florida Statutes, states:

(2) The assessment shall be payable to and collected by the agency on the 15th of the month following the reporting month.

(7)(c) The agency shall impose an administrative fine, not to exceed \$500 per day for the first occurrence and \$1,000 per day for subsequent occurrences, not to exceed the amount of the assessment; for failure of any facility to pay its assessment by the 20th of the month.

See the attached statement for the administrative fine assessed.

Please remit the fine payment upon receipt of this letter. For prompt crediting to your account, please return a copy of this letter with your payment to:

Agency for Health Care Administration
Revenue Management Unit, Quality Assessments
Post Office Box 13749, Mail Stop 14
Tallahassee, FL 32317-3749

Should you have any questions, please feel free to call Michael Murphy at (850) 412-3829.

/mjc
Enclosure

2727 Mahan Drive • Mail Stop #14
Tallahassee, FL 32308
AHCA.MyFlorida.com



EXHIBIT I

Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

AHCA - RARA

Date: 05/13/2015 12:27:49
 User: FDHC\alabram
 Environment: Production

PALM GARDEN OF SUN CITY

Provider Status

The status is Active as of 06/08/2010 05:00:07.

Provider Details

Provider ID 35-62925
 License Number 1421096
 Provider Type NURSING HOME

Audit Trail

Last Modified By
 FDHC\RARA_User
 Last Modified On
 06/08/2010 05:00:07

Physical Location

3850 UPPER CREEK DR
 SUN CITY CENTER, FL 33573

Mailing Address

3850 UPPER CREEK DR
 SUN CITY CENTER, FL 33573

Contact Info

Name Primary Contact
 Phone Number (813) 633-2875
 Fax Number (813) 633-2875
 Other Number
 Email Address

Active Receivables

Program Filter: NFQA Exemption Status: NOT EXEMPT

SEQ #	Doc Of Record ID	Reporting Period	Type	Account Code	Due Date	Amount	Balance Due
001	1113-0758	2013 NOV	Invoice	68503055000 QF 001012	12/15/2013	\$54,218.40	\$4,161.50
002	1213-0736	2013 DEC	Invoice	68503055000 QF 001012	01/15/2014	\$55,050.70	\$55,050.70
003	F0115-0742-001	2015 JAN	Fine	68503055000 QF 012000	02/15/2015	\$3,000.00	\$3,000.00

Available Deferred Revenues

List of Deferred Revenues

There is no deferred revenue for the selected program.

Florida Agency for Health Care Administration
 © 2010



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

ADMINISTRATIVE FINE-QUALITY ASSESSMENT FEES

June 11, 2015

PG of Tampa
3612 138th Avenue
Tampa FL 33613

VIA CERTIFIED MAIL

FINE INVOICE#: F0115-0743-001_
Invoice#: 0115-0743
Original Due Date: 2/15/2015

Our records indicate that payment for the above invoice was not received on its due date.

As specified in 409.9082, Florida Statutes, states:

(2) The assessment shall be payable to and collected by the agency on the 15th of the month following the reporting month.

(7)(c) The agency shall impose an administrative fine, not to exceed \$500 per day for the first occurrence and \$1,000 per day for subsequent occurrences, not to exceed the amount of the assessment; for failure of any facility to pay its assessment by the 20th of the month.

See the attached statement for the administrative fine assessed.

Please remit the fine payment upon receipt of this letter. For prompt crediting to your account, please return a copy of this letter with your payment to:

Agency for Health Care Administration
Revenue Management Unit, Quality Assessments
Post Office Box 13749, Mail Stop 14
Tallahassee, FL 32317-3749

Should you have any questions, please feel free to call Michael Murphy at (850) 412-3829.

/mjc
Enclosure

2727 Mahan Drive • Mail Stop #14
Tallahassee, FL 32308
AHCA.MyFlorida.com



EXHIBIT J

Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

AHCA - RARA

Date: 05/13/2015 12:27:59
 User: FDHC\RARA_User
 Environment: Production

PALM GARDEN OF TAMPA

Provider Status

The status is Active as of 06/08/2010 05:00:07.

Provider Details

Provider ID 35-62922
 License Number 1420095
 Provider Type NURSING HOME

Audit Trail

Last Modified By
 FDHC\RARA_User
 Last Modified On
 06/08/2010 05:00:07

Physical Location

3612 E 138TH AVE
 TAMPA, FL 33613

Mailing Address

3612 E 138TH AVE
 TAMPA, FL 33613

Contact Info

Name Primary Contact
 Phone Number (813) 972-8775
 Fax Number (813) 972-8775
 Other Number
 Email Address

Active Receivables

Program Filter: NFQA Exemption Status: NOT EXEMPT

SEQ #	Doc Of Record ID	Reporting Period	Type	Account Code	Due Date	Amount	Balance Due
001	1113-0759	2013 NOV	Invoice	68503055000 QF 001012	12/15/2013	\$61,637.76	\$61,637.76
002	1213-0737	2013 DEC	Invoice	68503055000 QF 001012	01/15/2014	\$63,730.40	\$11,866.22
003	F0115-0743-001	2015 JAN	Fine	68503055000 QF 012000	02/15/2015	\$3,000.00	\$3,000.00

Available Deferred Revenues

List of Deferred Revenues

There is no deferred revenue for the selected program.

Florida Agency for Health Care Administration
 © 2010



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

ADMINISTRATIVE FINE-QUALITY ASSESSMENT FEES

June 11, 2015

PG of Winter Haven
1120 Cypress Garden Boulevard
Winter Haven FL 33884

VIA CERTIFIED MAIL

FINE INVOICE#: F0115-0746-001_
Invoice#: 0115-0746
Original Due Date: 2/15/2015

Our records indicate that payment for the above invoice was not received on its due date.

As specified in 409.9082, Florida Statutes, states:

(2) The assessment shall be payable to and collected by the agency on the 15th of the month following the reporting month.

(7)(c) The agency shall impose an administrative fine, not to exceed \$500 per day for the first occurrence and \$1,000 per day for subsequent occurrences, not to exceed the amount of the assessment; for failure of any facility to pay its assessment by the 20th of the month.

See the attached statement for the administrative fine assessed.

Please remit the fine payment upon receipt of this letter. For prompt crediting to your account, please return a copy of this letter with your payment to:

Agency for Health Care Administration
Revenue Management Unit, Quality Assessments
Post Office Box 13749, Mail Stop 14
Tallahassee, FL 32317-3749

Should you have any questions, please feel free to call Michael Murphy at (850) 412-3829.

/mjc
Enclosure

2727 Mahan Drive • Mail Stop #14
Tallahassee, FL 32308
AHCA.MyFlorida.com



EXHIBIT K

Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

AHCA - RARA

Date: 05/13/2015 12:28:36
 User: FDHC\calabrem
 Environment: Production

PALM GARDEN OF WINTER HAVEN

Provider Status

The status is Active as of 06/08/2010 05:00:07.

Provider Details

Provider ID 35-65314
 License Number 1414096
 Provider Type NURSING HOME

Audit Trail

Last Modified By
 FDHC\RARA_User
 Last Modified On
 06/08/2010 05:00:07

Physical Location

1120 CYPRESS GARDENS BLVD
 WINTER HAVEN, FL 33884

Mailing Address

1120 CYPRESS GARDENS BLVD
 WINTER HAVEN, FL 33884

Contact Info

Name Primary Contact
 Phone Number (863) 293-3100
 Fax Number (863) 293-3100
 Other Number
 Email Address

Active Receivables

Program Filter: NFQA Exemption Status: NOT EXEMPT

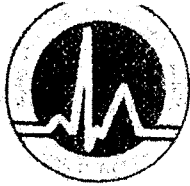
SEQ #	Doc Of Record ID	Reporting Period	Type	Account Code	Due Date	Amount	Balance Due
001	1013-0650	2013 OCT	Invoice	68503055000 QF 001012	11/15/2013	\$70,388.80	\$3,043.84
002	1113-0762	2013 NOV	Invoice	68503055000 QF 001012	12/15/2013	\$67,344.96	\$67,344.96
003	F0115-0746-001	2015 JAN	Fine	68503055000 QF 012000	02/15/2015	\$3,000.00	\$3,000.00

Available Deferred Revenues

List of Deferred Revenues

There is no deferred revenue for the selected program.

Florida Agency for Health Care Administration
 © 2010



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

ADMINISTRATIVE FINE-QUALITY ASSESSMENT FEES

June 11, 2015

PG of North Miami
21251 East Dixie Highway
Aventura FL 33180

VIA CERTIFIED MAIL

FINE INVOICE#: F0115-0747-001
Invoice#: 0115-0747
Original Due Date: 2/15/2015

Our records indicate that payment for the above invoice was not received on its due date.

As specified in 409.9082, Florida Statutes, states:

(2) The assessment shall be payable to and collected by the agency on the 15th of the month following the reporting month.

(7)(c) The agency shall impose an administrative fine, not to exceed \$500 per day for the first occurrence and \$1,000 per day for subsequent occurrences, not to exceed the amount of the assessment; for failure of any facility to pay its assessment by the 20th of the month.

See the attached statement for the administrative fine assessed.

Please remit the fine payment upon receipt of this letter. For prompt crediting to your account, please return a copy of this letter with your payment to:

Agency for Health Care Administration
Revenue Management Unit, Quality Assessments
Post Office Box 13749, Mail Stop 14
Tallahassee, FL 32317-3749

Should you have any questions, please feel free to call Michael Murphy at (850) 412-3829.

/mjc
Enclosure

2727 Mahan Drive • Mail Stop #14
Tallahassee, FL 32308
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

EXHIBIT L

AHCA - RARA

Date: 05/13/2015 12:26:27
 User: FDHCRARA_User
 Environment: Production

PALM GARDEN OF AVENTURA

Provider Status

The status is Active as of 06/08/2010 05:00:06.

Provider Details

Provider ID 35-111346
 License Number 1410096
 Provider Type NURSING HOME

Audit Trail

Last Modified By
 FDHCRARA_User
 Last Modified On
 06/08/2010 05:00:06

Physical Location

21251 E DIXIE HIGHWAY
 NORTH MIAMI BEACH, FL 33180

Mailing Address

21251 E DIXIE HIGHWAY
 NORTH MIAMI BEACH, FL 33180

Contact Info

Name Primary Contact
 Phone Number (305) 935-4827
 Fax Number (305) 935-4827
 Other Number
 Email Address

Active Receivables

Program Filter: NFQA Exemption Status: NOT EXEMPT

SEQ #	Doc Of Record ID	Reporting Period	Type	Account Code	Due Date	Amount	Balance Due
001	1013-0640	2013 OCT	Invoice	68503055000 QF 001012	11/15/2013	\$54,147.06	\$54,147.06
002	F0115-0747-001	2015 JAN	Fine	68503055000 QF 012000	02/15/2015	\$3,000.00	\$3,000.00

Available Deferred Revenues

List of Deferred Revenues

There is no deferred revenue for the selected program.

Florida Agency for Health Care Administration
 © 2010



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

ADMINISTRATIVE FINE-QUALITY ASSESSMENT FEES

June 11, 2015

PG of Ocala
2700 SW 34th Street
Ocala FL 34474

VIA CERTIFIED MAIL

FINE INVOICE#: F0115-0748-001_
Invoice#: 0115-0748
Original Due Date: 2/15/2015

Our records indicate that payment for the above invoice was not received on its due date.

As specified in 409.9082, Florida Statutes, states:

(2) The assessment shall be payable to and collected by the agency on the 15th of the month following the reporting month.

(7)(c) The agency shall impose an administrative fine, not to exceed \$500 per day for the first occurrence and \$1,000 per day for subsequent occurrences, not to exceed the amount of the assessment; for failure of any facility to pay its assessment by the 20th of the month.

See the attached statement for the administrative fine assessed.

Please remit the fine payment upon receipt of this letter. For prompt crediting to your account, please return a copy of this letter with your payment to:

Agency for Health Care Administration
Revenue Management Unit, Quality Assessments
Post Office Box 13749, Mail Stop 14
Tallahassee, FL 32317-3749

Should you have any questions, please feel free to call Michael Murphy at (850) 412-3829.

/mjc
Enclosure

2727 Mahan Drive • Mail Stop #14
Tallahassee, FL 32308
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

EXHIBIT M

AHCA - RARA

Date: 05/13/2015 12:26:44
 User: FDHC\alabrem
 Environment: Production

PALM GARDEN OF OCALA

Provider Status

The status is Active as of 06/08/2010 05:00:06.

Provider Details

Provider ID 35-34205
 License Number 1411096
 Provider Type NURSING HOME

Audit Trail

Last Modified By
 FDHC\RARA_User
 Last Modified On
 06/08/2010 05:00:06

Physical Location

2700 SW 34 STREET
 OCALA, FL 34474

Mailing Address

2700 SW 34TH STREET
 OCALA, FL 34474

Contact Info

Name Primary Contact
 Phone Number (352) 854-6262
 Fax Number (352) 854-6262
 Other Number
 Email Address

Active Receivables

Program Filter: NFQA Exemption Status: NOT EXEMPT

SEQ #	Doc Of Record ID	Reporting Period	Type	Account Code	Due Date	Amount	Balance Due
001	1013-0641	2013 OCT	Invoice	68503055000 QF 001012	11/15/2013	\$87,320.16	\$4,327.96
002	1113-0753	2013 NOV	Invoice	68503055000 QF 001012	12/15/2013	\$82,992.20	\$82,992.20
003	F0115-0748-001	2015 JAN	Fine	68503055000 QF 012000	02/15/2015	\$3,000.00	\$3,000.00

Available Deferred Revenues

List of Deferred Revenues

There is no deferred revenue for the selected program.

Florida Agency for Health Care Administration
 © 2010



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

ADMINISTRATIVE FINE-QUALITY ASSESSMENT FEES

June 11, 2015

PG of Vero Beach
1755 37th Street
Vero Beach FL 32960

VIA CERTIFIED MAIL

FINE INVOICE#: F0115-0744-001_
Invoice#: 0115-0744
Original Due Date: 2/15/2015

Our records indicate that payment for the above invoice was not received on its due date.

As specified in 409.9082, Florida Statutes, states:

(2) The assessment shall be payable to and collected by the agency on the 15th of the month following the reporting month.

(7)(c) The agency shall impose an administrative fine, not to exceed \$500 per day for the first occurrence and \$1,000 per day for subsequent occurrences, not to exceed the amount of the assessment; for failure of any facility to pay its assessment by the 20th of the month.

See the attached statement for the administrative fine assessed.

Please remit the fine payment upon receipt of this letter. For prompt crediting to your account, please return a copy of this letter with your payment to:

Agency for Health Care Administration
Revenue Management Unit, Quality Assessments
Post Office Box 13749, Mail Stop 14
Tallahassee, FL 32317-3749

Should you have any questions, please feel free to call Michael Murphy at (850) 412-3829.

/mjc
Enclosure

2727 Mahan Drive • Mail Stop #14
Tallahassee, FL 32308
AHCA.MyFlorida.com



EXHIBIT N

Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

AHCA - RARA

Date: 05/13/2015 12:28:12
 User: FDHCRARA_User
 Environment: Production

PALM GARDEN OF VERO BEACH

Provider Status

The status is Active as of 06/08/2010 05:00:07.

Provider Details

Provider ID 35-93105
 License Number 1415096
 Provider Type NURSING HOME

Audit Trail

Last Modified By
 FDHCRARA_User
 Last Modified On
 06/08/2010 05:00:07

Physical Location

1755 37TH STREET
 VERO BEACH, FL 32960

Mailing Address

1755 37TH STREET
 VERO BEACH, FL 32960

Contact Info

Name Primary Contact
 Phone Number (772) 567-2443
 Fax Number (772) 567-2443
 Other Number
 Email Address

Active Receivables

Program Filter: NFQA Exemption Status: NOT EXEMPT

SEQ #	Doc Of Record ID	Reporting Period	Type	Account Code	Due Date	Amount	Balance Due
001	1013-0648	2013 OCT	Invoice	68503055000 QF 001012	11/15/2013	\$100,946.10	\$100,946.10
002	F0115-0744-001	2015 JAN	Fine	68503055000 QF 012000	02/15/2015	\$3,000.00	\$3,000.00

Available Deferred Revenues

List of Deferred Revenues

There is no deferred revenue for the selected program.

Florida Agency for Health Care Administration
 © 2010