

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.

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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.

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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.

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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

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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

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**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.

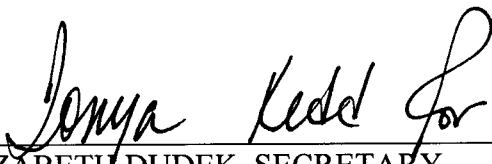
On August 28, 2015, Provider filed a Notice of Voluntary Dismissal.

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 3<sup>rd</sup> 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

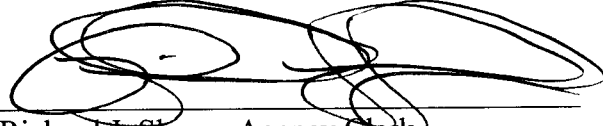
3) Bureau of Financial Services

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 3<sup>rd</sup> 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 15<sup>th</sup> 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 20<sup>th</sup> 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



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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 15<sup>th</sup> 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 20<sup>th</sup> of the month.

See the attached statement for the administrative fine assessed.

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**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

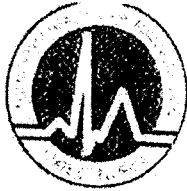
SEQ #	Doc Of Record ID	Reporting Period	Type	Account Code	Due Date	Amount	Balance Due
001	1113-0546	2013 NOV	Invoice	68503055000 QF 001012	12/15/2013	\$60,210.96	\$237.80
002	1213-0727	2013 DEC	Invoice	68503055000 QF 001012	01/15/2014	\$62,398.72	\$62,398.72
003	F0115-0735-001	2015 JAN	Fine	68503055000 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  
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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 15<sup>th</sup> 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 20<sup>th</sup> 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

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Tallahassee, FL 32308  
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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  
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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 15<sup>th</sup> 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 20<sup>th</sup> of the month.

See the attached statement for the administrative fine assessed.

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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

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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  
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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

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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 15<sup>th</sup> 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 20<sup>th</sup> of the month.

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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

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Tallahassee, FL 32308  
AHCA.MyFlorida.com



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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

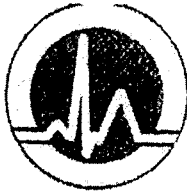
SEQ #	Doc Of Record ID	Reporting Period	Type	Account Code	Due Date	Amount	Balance Due
001	1013-0642	2013 OCT	Invoice	68503055000 QF 001012	11/15/2013	\$68,296.16	\$68,296.16
002	F0115-0739-001	2015 JAN	Fine	68503055000 QF 012000	02/15/2015	\$3,000.00	\$3,000.00

**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 15<sup>th</sup> of the month following the reporting month.

(3)(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 20<sup>th</sup> of the month.

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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



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Youtube.com/AHCAFlorida  
Twitter.com/AHCA\_FL  
SlideShare.net/AHCAFlorida

**EXHIBIT F**

**AHCA - RARA**

Date: 05/13/2015 12:26:13  
 User: FDHC\alabrum  
 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 ID/Record ID	Reporting Period	Type	Account Code	Due Date	Amount	Balance Due
001	1213-0730	2013 DEC	Invoice	68503055000 QF 001012	01/15/2014	\$71,572.80	\$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.



RICK SCOTT  
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## 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 15<sup>th</sup> 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 20<sup>th</sup> 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.

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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.

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## 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 15<sup>th</sup> 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 20<sup>th</sup> of the month.

See the attached statement for the administrative fine assessed.

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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.

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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

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## 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 15<sup>th</sup> 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 20<sup>th</sup> of the month.

See the attached statement for the administrative fine assessed.

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Post Office Box 13749, Mail Stop 14  
Tallahassee, FL 32317-3749

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**AHCA - RARA**

Date: 05/13/2015 12:27:49  
 User: FDHC\RARA\_User  
 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.

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## 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

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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 15<sup>th</sup> 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 20<sup>th</sup> 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  
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Post Office Box 13749, Mail Stop 14  
Tallahassee, FL 32317-3749

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**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.

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## 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 15<sup>th</sup> 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 20<sup>th</sup> of the month.

See the attached statement for the administrative fine assessed.

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Agency for Health Care Administration  
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Post Office Box 13749, Mail Stop 14  
Tallahassee, FL 32317-3749

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**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

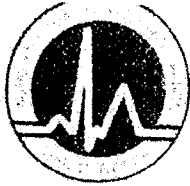
SEQ #	Doc Of Record ID	Reporting Period	Type	Account Code	Due Date	Amount	Balance Due
001	1013-0650	2013 OCT	Invoice	68503055000 QF 001012	11/15/2013	\$70,388.80	\$3,043.84
002	1113-0762	2013 NOV	Invoice	68503055000 QF 001012	12/15/2013	\$67,344.96	\$67,344.96
003	F0115-0746-001	2015 JAN	Fine	68503055000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

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## 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 15<sup>th</sup> 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 20<sup>th</sup> 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.

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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.

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## 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 15<sup>th</sup> 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 20<sup>th</sup> of the month.

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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.

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## 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 15<sup>th</sup> 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 20<sup>th</sup> of the month.

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Revenue Management Unit, Quality Assessments  
Post Office Box 13749, Mail Stop 14  
Tallahassee, FL 32317-3749

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Tallahassee, FL 32308  
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**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.

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