## STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION



ALF FAMILY PALACE CORP.,

288827

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AHCA Nos. 2016002908 2016004361 License No. 9765

v.

License No. 9765 File No. 11965431

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

Provider Type: Assisted Living Facility

Respondent.

RENDITION NO.: AHCA- 77 - 190 -S-OLC

## FINAL ORDER

Having reviewed the Amended Notice of Intent to Deny and all other matters of record, the Agency for Health Care Administration finds and concludes as follows:

- 1. The Agency issued the attached Amended Notice of Intent to Deny and Election of Rights form to the Provider. (Ex. 1) and (Comp. Ex. 1) In addition, the Agency was prepared to issue an Administrative Complaint to the Provider. The parties have now entered into the attached Settlement Agreement, which is adopted and incorporated by reference into this Final Order. (Ex. 2)
  - 2. The Amended Notice of Intent to Deny is withdrawn per the Settlement Agreement.
- 3. The Provider shall pay the Agency \$2,500.00. 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

ORDERED at Tallahassee, Florida, on this 2 day of March, 2017.

Justin M. Senior, 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 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	s Final Order was, served on	the below-named
I CERTIFY that a true and correct copy of this persons by the method designated on this day of	March	, 2017.

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	Central Intake Unit	
Agency for Health Care Administration	Agency for Health Care Administration	
(Electronic Mail)	(Electronic Mail)	
Laura Manville, Unit Manager	Vidal Velis, Esq.	
Licensure Unit	Velis and Associates, P.A.	
Agency for Health Care Administration	P.O. Box 14-0729	
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Lourdes Naranjo, Assistant General Counsel	Yamir Menendez, Administrator	
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Agency for Health Care Administration	7521 W. 30 <sup>th</sup> Lane	
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