

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

2017 JAN 25 P 2:47

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

DOAH CASE NO.: 16-5239MPI
MPI CASE NO.: 2016-0006583
PROVIDER ID NO.: 010918700
NPI NO.: 1649699026
LICENSE NO.: 12489

vs.

LARKIN COMMUNITY HOSPITAL II, LLC
D/B/A FLORIDIAN GARDENS ASSISTED
LIVING FACILITY,

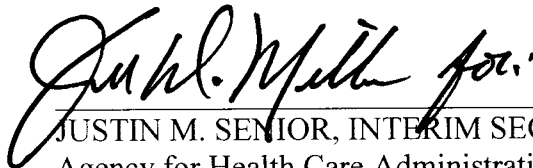
RENDITION NO.: AHCA- 17 - 0090-S-MDO

Respondent.

FINAL ORDER

THE PARTIES resolved all disputed issues and executed a Settlement Agreement. The parties are directed to comply with the terms of the attached settlement agreement. Based on the foregoing, this file is **CLOSED**.

DONE and ORDERED on this the 24th day of January, 2017, in Tallahassee,
Florida.


JUSTIN M. SENIOR, INTERIM SECRETARY
Agency for Health Care Administration

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO A JUDICIAL REVIEW WHICH SHALL BE INSTITUTED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A SECOND COPY ALONG WITH FILING FEE AS PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE AGENCY MAINTAINS ITS HEADQUARTERS OR WHERE A PARTY RESIDES. REVIEW PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF RENDITION OF THE ORDER TO BE REVIEWED.

Copies furnished to:

Larkin Community Hospital II LLC
d/b/a Floridian Gardens Assisted Living
Facility
17250 Southwest 137th Avenue
Miami, Florida 33177
(U.S. mail)

Kelly Bennett
Chief of Medicaid Program Integrity
Agency for Health Care Administration
(Electronic Mail)

Health Quality Assurance
Agency for Health Care Administration
(Electronic Mail)

Gary C. Matzner, Esquire
Kopelowitz Ostrow
2800 Ponce De Leon Blvd. Suite 1100
Coral Gables, Florida 33134
Matzner@kolawyers.com
(Electronic Mail)

Jason D. Winn ,Esquire
119 East Park Avenue Suite 2-C
Tallahassee, Fl. 32301
Jwinn@winlaw.com
(Electronic Mail)

Ephraim D. Livingston, Esquire
Agency for Health Care Administration
Ephraim.Livingston@ahca.myflorida.com
(Electronic Mail)

Bureau of Financial Services
Agency for Health Care Administration
(Electronic Mail)

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished to the above named addressees by U.S. Mail or other designated method on this the 25th day of

January, 2017.



Richard J. Shoop, Esquire
Agency Clerk
State of Florida
Agency for Health Care Administration
2727 Mahan Drive, MS #3
Tallahassee, Florida 32308-5403
(850) 412-3689/FAX (850) 921-0158