STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION



STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION.

Respondent,

2017 MAY - | A 9: 28 DOAH No. 16-7249 AHCA No. 2015005789

RENDITION NO.: AHCA-17 -0295-0LC

Petitioner, v. DOAH No. 16-7251 AHCA No. 2015005790 WEST COAST MEDICAL MANAGEMENT, INC., Respondent. WEST COAST MEDICAL MANAGEMENT, INC., DOAH No. 16-7252 Petitioner, AHCA No. 2015007488 DOAH No. 16-7253 AHCA No. 2015007486 v. DOAH No. 16-7250 STATE OF FLORIDA, AGENCY FOR AHCA No. 2015006069 HEALTH CARE ADMINISTRATION DOAH No. 16-6825 AHCA No. 2016011080

FINAL ORDER

THIS CAUSE came on for consideration before the Agency for Health Care Administration ("the Agency"), which finds and concludes as follows:

- 1. The Agency issued the attached Administrative Complaints seeking the revocation of its health care clinic licenses. (Ex. 1 and 2). AHCA Case Nos. 2015005789 and 2015005790.
- 2. The Agency issued the attached Notices of Intent to Deny Change of Ownership Applications for Licensure. (Ex. 3 and 4). AHCA Case Nos. 2015007486 and 2015007488.
- 3. The Agency issued the attached Notice of Intent to Deny for Renewal Applications. (Ex. 5 and 6). AHCA Case Nos. 2015006069 and 2016011080.
- 4. The parties have since entered into the attached Settlement Agreement (Ex. 7), which is adopted and incorporated by reference.
- 5. The parties shall comply with the terms of the Settlement Agreement. The Notices of Intent to Deny and Administrative Complaints are withdrawn. If the Agency has not already completed its review of the applications, it shall resume its review of the applications. Nothing in this Agreement,

however, shall prohibit the Agency from again denying the applications based upon any statute or rule, and, if applicable, an unsatisfactory survey. The licensure requirements include, but are not limited to, criminal background screening requirements. Should the Agency deny the applications, the Applicants shall have the right to challenge the agency action as provided under Florida law.

6. The Provider shall pay the Agency an administrative fee of \$5,000.00 within 30 days of the entry of this Final Order. If payment was already made, the cancelled check serves the receipt of payment. Otherwise, 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 in Tallahassee, Florida, on this 27 day of April , 2017.

Justin M. Senior, Secretary

Agency for Health Care Administration

NOTICE OF RIGHT TO JUDICIAL REVIEW

A party that is adversely affected by this Final Order is entitled to seek 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

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	Jack Plagge, Unit Manager
Agency for Health Care Administration	Licensure Unit
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