

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

ANGELCARE WITH A VISION,

2017 AUG -4 A 11: 29

Petitioner,

v.

AHCA NO.: 2016013442

STATE OF FLORIDA AGENCY FOR
HEALTH CARE ADMINISTRATION,

RENDITION NO.: AHCA-17-0493-S-OLC

Respondent.

FINAL ORDER

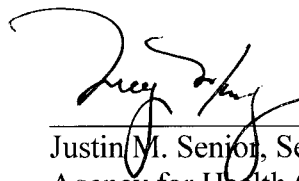
Having reviewed the Notice of Intent to Deny Initial Application filed in case 2016013442 and all other matters of record, the Agency for Health Care Administration finds and concludes as follows:

1. The Agency issued the attached Notice of Intent to Deny Initial Application and Election of Rights form to the Petitioner, Angelcare With A Vision, (Ex. 1). Petitioner requested a formal administrative hearing. The parties have entered into a settlement agreement.

Based upon the foregoing, it is **ORDERED**:

2. The Settlement Agreement is adopted and incorporated by reference into this Final Order. (Ex. 2) The Notice of Intent to Deny Initial Application is withdrawn and the Agency shall resume its review of the application.

ORDERED at Tallahassee, Florida, on this 4 day of August, 2017.



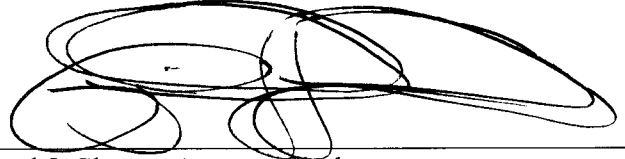
Justin M. Senior, Secretary
Agency for Health Care Administration

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

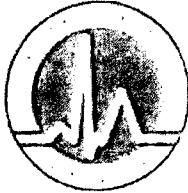
I CERTIFY that a true and correct copy of this Final Order was served on the below-named persons by the method designated on this 4~~6~~ day of August, 2017.



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 Agency for Health Care Administration (Electronic Mail)	Central Intake Unit Agency for Health Care Administration (Electronic Mail)
Nicole Barrera, Attorney Office of the General Counsel Agency for Health Care Administration (Electronic Mail)	Keisha Woods, Unit Manager Assisted Living Unit Agency for Health Care Administration (Electronic Mail)
Carlton Enfinger, Senior Attorney Office of the General Counsel Agency for Health Care Administration (Electronic Mail)	John E. Terrel, Esquire John E. Terrel, P.A. 1700 North Monroe Street, Suite 11-116 Tallahassee, Florida 32303 (U.S. Mail)

2016013442



Certified Article Number
9414 7266 9904 2076 4945 66
SENDERS RECORD

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 18, 2016

CERTIFIED

Tammy Ceasor
Angelcare With A Vision
1817 Aaron Rd
Tallahassee, FL 32303

File Number: 11969128

Provider Type: assisted living facility

RE: Complaint Number 2016013442

Notice Of Intent To Deny Initial Application

Dear Ms. Ceasor:

It is the decision of this Agency that Angelcare with a Vision's initial application for an assisted living facility license be **DENIED**.

The Specific Basis for this determination is:

The initial ALF applicant failed to obtain a license prior to offering or advertising services that require licensure as defined by this part, authorizing statutes, or applicable rules to the public without first obtaining a valid license from the agency pursuant to Sections 408, Part II and 429, Part I, Florida Statutes.

An unannounced complaint survey was conducted on 11/03/2016 at Angel Care Independent Living, 1817 Aaron Road, Tallahassee, FL 32303 by the Tallahassee Field Office staff. One unclassified deficiency was cited for unlicensed activity.

A follow-up inspection was conducted on 11/17/2016 at Angel Care Independent Living. One uncorrected unclassified deficiency was cited for unlicensed activity.

Therefore, pursuant to Sections 408.810, 408.812 and 429.14 (1) (j), Florida Statutes (F.S.), your initial application for licensure has been denied.

EXPLANATION OF RIGHTS

Pursuant to Section 120.569, F.S., you have the right to request an administrative hearing. In order to obtain a formal proceeding before the Division of Administrative Hearings under Section 120.57(1), F.S., your request for an administrative hearing must conform to the requirements in Section 28-106.201, Florida Administrative Code (F.A.C), and must state the material facts you dispute.

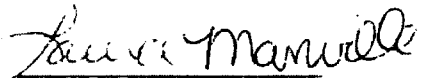
2727 Mahan Drive • MS#30
Tallahassee, FL 32308
AHCA.MyFlorida.com



EXHIBIT "1"

Angelcare With A Vision
November 18, 2016
Page #2

SEE ATTACHED ELECTION AND EXPLANATION OF RIGHTS FORMS.



Laura Manville, Manager
Assisted Living Unit
Agency for Health Care Administration

cc: Legal Intake Unit, MS# 3

Angelcare With A Vision
November 18, 2016

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: ANGELCARE WITH A VISION

CASE NUMBER: 2016013442

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed Notice of Intent to Deem Incomplete and Withdraw from Further Review of the Agency for Health Care Administration (AHCA). The title may be **Notice of Intent to Deem Incomplete and Withdraw from Further Review or some other notice of intended action by AHCA.**

An Election of Rights must be returned by mail or by fax within 21 days of the day you receive the attached Notice of Intent to Deem Incomplete and Withdraw from Further Review or any other proposed action by AHCA.

If an Election of Rights with your selected option is not received by AHCA within twenty-one (21) days from the date you received this notice of proposed action, you will have given up your right to contest the Agency's proposed action and a final order will be issued.

(Please reply using this Election of Rights form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes (2006) and Rule 28, Florida Administrative Code.)

Please return your ELECTION OF RIGHTS to:

Agency for Health Care Administration
Attention: Agency Clerk
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308
Phone: (850) 412-3630 Fax: (850) 921-0158

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS:

OPTION ONE (1) I admit to the allegations of facts and law contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review, or other notice of intended action by AHCA and I waive my right to object and have a hearing. I understand that by giving up my right to a hearing, a final order will be issued that adopts the proposed agency action and imposes the proposed penalty, fine or action.

OPTION TWO (2) I admit to the allegations of facts contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review, or other proposed action by AHCA, but I wish to be heard at an informal proceeding (pursuant to Section 120.57(2), Florida Statutes) where I may submit testimony and written evidence to the Agency to show that the proposed administrative action is too severe or that the fine should be reduced.

OPTION THREE (3) I dispute the allegations of fact contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review or other proposed action by AHCA, and I request a formal hearing (pursuant to Section 120.57(1), Florida Statutes) before an Administrative Law Judge appointed by the Division of Administrative Hearings.

PLEASE NOTE: Choosing OPTION THREE (3), by itself, is NOT sufficient to obtain a formal hearing. You also must file a written petition in order to obtain a formal hearing before the Division of Administrative Hearings under Subsection 120.57(1), Florida Statutes. It must be **received** by the Agency Clerk at the address above **within 21 days** of receipt of this proposed administrative action. The request for formal hearing must conform to the requirements of Rule 28-106.201, Florida Administrative Code, which requires that it contain:

1. The name and address of each agency affected and each agency's file or identification number, if known;
2. Your name, address, and telephone number, and the name, address, and telephone number of your representative or lawyer, if any;
3. An explanation of how your substantial interests will be affected by the Agency's proposed action;
4. A statement of when and how you received notice of the Agency's proposed action;
5. A statement of all disputed issues of material fact. If there are none, you must state that there are none;
6. A concise statement of the ultimate facts alleged, including the specific facts you contend warrant reversal or modification of the Agency's proposed action;
7. A statement of the specific rules or statutes you claim require reversal or modification of the Agency's proposed action; and
8. A statement of the relief you are seeking, stating exactly what action you wish the Agency to take with respect to its proposed action.

(Mediation under Section 120.573, Florida Statutes, may be available in this matter if the Agency agrees.)

License Type: Assisted Living Facility File Number: 11969128

Licensee Name: Angelcare With A Vision

Contact Person: _____

Name

Title

Address: _____

Street and number

City

Zip Code

Telephone Nbr.: _____

Fax Nbr.: _____

Email (optional): _____

I hereby certify that I am duly authorized to submit this Notice of Election of Rights to the Agency for Health Care Administration on behalf of the licensee referred to above.

Signed: _____ **Date:** _____

Print Name: _____

Title: _____

**STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS**

ANGELCARE WITH A VISION,

Petitioner,

vs.

DOAH No. 17-1602
AHCA No. 2016013442

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Respondent.

_____ /

SETTLEMENT AGREEMENT

The State of Florida, Agency for Health Care Administration (hereinafter the "Agency"), through its undersigned representatives, and Angelcare With a Vision (hereinafter "Petitioner"), pursuant to Section 120.57(4), Florida Statutes (2016), hereby enter into this Settlement Agreement and agree as follows:

WHEREAS, the Agency has jurisdiction by virtue of being the licensing and regulatory authority over assisted living facilities pursuant to Chapter 408, Part II, and Chapter 429, Part I, Fla. Stat. (2016);

WHEREAS, Petitioner filed an initial application for licensure as an assisted living facility;

WHEREAS, the Agency served Petitioner with a Notice of Intent to Deny Initial Application (AHCA No. 201613442);

WHEREAS, Petitioner requested a formal hearing before the Division of Administrative Hearings; and

WHEREAS, the parties have negotiated and agreed that the best interests of the parties will be served by a settlement of these proceedings.

NOW THEREFORE, in consideration of the mutual promises and recitals herein, the parties, intending to be legally bound, agree as follows:

1. All recitals herein are true and correct and are expressly incorporated herein.
2. The Applicant filed an application seeking licensure within the jurisdiction of the Agency.

After initial review, the Agency issued the Applicant a Notice of Intent to Deny Initial Application.

3. Upon full execution of this Agreement, Petitioner agrees to waive any and all appeals and proceedings to which it may be entitled including, but not limited to, an informal proceeding under §120.57(2), Fla. Stat. (2016), a formal proceeding under § 120.57(1), Fla. Stat. (2016), appeals under § 120.68, Fla. Stat. (2016); and declaratory and all writs of relief in any court or quasi-court of competent jurisdiction; and agrees to waive compliance with the form of the Final Order (findings of fact and conclusions of law) to which it may be entitled, provided, however, that no agreement herein shall be deemed a waiver by any of the parties of their right to judicial enforcement of this Agreement.

4. Upon full execution of this Agreement, the Agency agrees to rescind the Notice of Intent to Deny Initial Application served upon Petitioner and resume its review of the application upon entry of the Final Order adopting this Agreement.

5. Within ten (10) days after the entry of the Final Order, the Agency will notify the applicant of any errors or omissions and request any additional information required. Thereafter, the applicable statutory timeframes set forth in §408.806, Fla. Stat. (2016), shall apply.

6. For the sole purpose of this application review, the allegations raised in the Notice of Intent to Deny may not be the basis for denial of this application to be reviewed upon entry of the Final Order. Nothing in this Agreement, however, shall prohibit the Agency from denying the application on other grounds based upon any statute, rule, or regulation, and, if applicable, an unsatisfactory licensure survey. The Agency is not precluded from using the subject events for any purpose within the jurisdiction of the Agency except as specifically set forth herein. Further, Petitioner acknowledges and agrees that this Agreement shall not preclude or estop any other federal, state or local agency or office from pursuing any cause of action or taking any action, even if based on or arising from, in whole or in part, the allegations raised in the Notice of Intent.

7. By executing this Agreement, Petitioner neither admits nor denies the allegations raised in

the Notice of Intent to Deny Application, and recognizes that the Agency continues to assert the validity of the allegations.

8. Upon full execution of this Agreement, the Agency shall enter a Final Order adopting and incorporating the terms of this Agreement and closing the above-styled case.

9. Each party shall bear its own costs and attorney's fees.

10. This Agreement shall become effective on the date upon which it is fully executed by all parties.

11. Petitioner for itself and for its related or resulting organizations, successors or transferees, attorneys, heirs, and executors or administrators, does hereby discharge the State of Florida, Agency for Health Care Administration, and its agents, representatives, and attorneys of and from all claims, demands, actions, causes of action, suits, damages, losses and expenses, of any and every nature whatsoever, arising out of or in any way related to this matter and the Agency's actions, including but not limited to, any claims arising out of this agreement by or on behalf of Petitioner or related facilities.

12. This Agreement is binding upon all parties herein and those identified in paragraph eleven (11) of this Agreement.

13. In the event that Petitioner was a Medicaid provider at the subject time of the occurrences alleged in the complaint herein, this settlement does not prevent the Agency from seeking Medicaid overpayments related to the subject issues or from imposing any sanctions pursuant to Rule 59G-9.070 of the *Florida Administrative Code*.

14. Venue for any action brought to enforce the terms of this Agreement or the Final Order entered pursuant hereto shall lie solely in Circuit Court in Leon County, Florida.

15. The undersigned have read and understood this Agreement and have the authority to bind their respective principals to it.

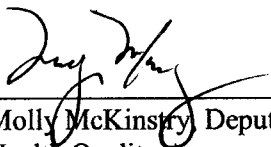
16. This Agreement contains and incorporates the entire understandings and agreements of the parties.

17. This Agreement supersedes any prior oral or written agreements between the parties. This

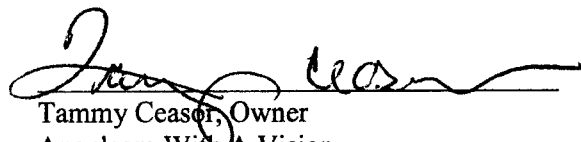
Agreement may not be amended except in writing. Any attempted assignment of this Agreement shall be void.

18. All parties agree that a facsimile signature suffices for an original signature.

The following representatives hereby acknowledge that they are duly authorized to enter into this Agreement.


Molly McKinstry, Deputy Secretary
Health Quality Assurance
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #9
Tallahassee, Florida 32308

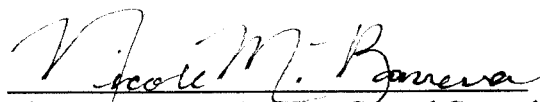
DATED: 8/14/17


Tammy Ceasar, Owner
Angelcare With A Vision
1817 Aaron Road
Tallahassee, Florida 32303

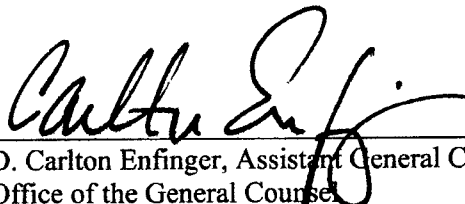
DATED: 7/7/2017

an Stuart F. Williams, General Counsel
Office of the General Counsel
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308

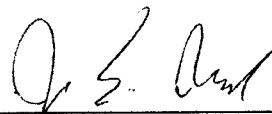
DATED: 7/27/2017


Nicole M. Barrera, Assistant General Counsel
Office of the General Counsel
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #7
Tallahassee, Florida 32308

DATED: 7-27-17


D. Carlton Enfinger, Assistant General Counsel
Office of the General Counsel
Agency for Health care Administration
2727 Mahan Drive, Mail Stop # 7
Tallahassee, Florida 32308

DATED: 7.17.17


John E. Terrel
Attorney for Petitioner
1700 North Monroe Street, Suite 11-116
Tallahassee, Florida 32303

DATED: 7/14/17