STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

FILED AHCA AGENCY CLERK

2018 JUN 13 A 10: 15

STATE OF FLORIDA,	AGENCY FOR
HEALTH CARE ADMI	

Petitioner,

VS.

MIRLANDE JONES, M&G ALF, INC. A.K.A. M&G ACLF, INC.,

Respondent.

DOAH CASE NO.: 17-006577 INFORMAL CASE NO.: 17-224PH PROVIDER NO.: 142246400 MPI CASE NO.: 2017-0007289

LICENSE NO.: 7823

RENDITION NO.: AHCA- 18 - 0375 -8-MD0

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 12 day of June, 2018, in Tallahassee, Florida.

JUSTIN M. SENIOR, 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:

Mirlande Jones 1748 Northeast 146th Street Miami, Florida 33181 (US Mail)

Kelly Bennett, Chief, MPI (Electronic Mail)

Division of Health Quality Assurance Bureau of Health Facility Regulation (Electronic Mail)

Shawn McCauley Bureau of Medicaid Fiscal Agent Operations (Electronic Mail)

Tracy Jeter-Cummings Medicaid Plan Management Operations (Electronic Mail) M&G ALF, Inc., a.k.a. M&G ACLF, Inc. 15900 Northeast 19th Court North Miami Beach, Florida 33162 (US Mail)

Bureau of Financial Services (Electronic Mail)

Division of Health Quality Assurance Bureau of Central Services <u>CSMU-86@ahca.myflorida.com</u> (Electronic Mail)

Warren Moore Medicaid Plan Management Operations (Electronic Mail)

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that	a true and correct	copy of the fore	going has been	furnished to
				T.
the above named addressees by U.	S. Mail or other	designated meth	od on this the	day of

, 2018.

Richard J. Shoop, Esquire

Agency Clerk State of Florida

Agency for Health Care Administration

2727 Mahan Drive, MS #3

Tallahassee, Florida 32308-5403

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