

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

2018 DEC 20 P 1:10

COMPASSIONATE CARE HOSPICE
OF PASCO, INC.,

Petitioner,

DOAH No. 18-4983CON

AHCA No. 2018013546

vs.

CON No. 10533

SEASONS HOSPICE AND PALLIATIVE
CARE OF PASCO COUNTY, LLC, AND
STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Respondents.

FINAL ORDER

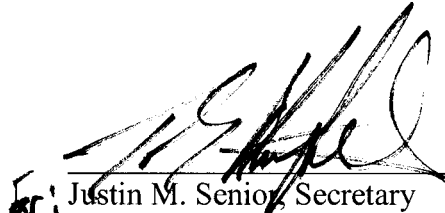
THIS CAUSE is before the State of Florida, Agency for Health Care Administration (the "Agency") concerning the preliminary denial of Compassionate Care Hospital of Pasco, Inc.'s ("CCH") Certificate of Need ("CON") 10533 to establish a new hospice program in Pasco County, Subdistrict 5A, and the Agency being fully advised in the premises finds as follows:

1. On September 7, 2018, CCH filed a Petition for Formal Administrative Hearing contesting the Agency's preliminary approval of Seasons Hospice and Palliative Care of Pasco County, LLC's CON 10537 and the denial of its CON 10533 with the Agency Clerk, which was forwarded to Division of Administrative Hearings and assigned a case number.
2. On September 28, 2018, CCH filed a Notice of Voluntary Dismissal.
3. October 3, 2018, the Administrative Judge entered an Order Closing File and Relinquishing Jurisdiction.

It is therefore **ORDERED:**

1. The denial of CON 10533 is UPHELD.

ORDERED in Tallahassee, Florida, on this 19th day of December, 2018.



For: 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 the original Notice of Appeal with the Agency Clerk of AHCA, and a copy along with the filing fee 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 the rendition of the order to be reviewed.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished by the method designated to the persons named below on this 20th day of December, 2018.


Richard J. Shoop, Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308
(850) 412-3630

Copies Furnished To:

Division of Administrative Hearings
(Electronic Filing)

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