

## STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

2018 NOV 30 A II: 44

DOAH Case No. 18-5049 AHCA No. 2017008637

RENDITION NO.: AHCA- 18 -0881 -S-OLC

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

Petitioner,	
V.	
NORTH PORT RETIREMENT CENTER, INC., d/b/a GARDENS OF VENICE RETIREMENT RESIDENCE,	
Respondent.	

FINAL ORDER

Having reviewed the Administrative Complaint, and all other matters of record, the Agency for Health Care Administration finds and concludes as follows:

- 1. The Agency issued the attached Administrative Complaints and Election of Rights forms to the Respondent. (Ex. 1) The parties have since entered into the attached Settlement Agreement, which is adopted and incorporated by reference into this Final Order. (Ex. 2)
- 2. The Respondent shall pay the Agency \$875.00. If full payment has been made, the cancelled check acts as receipt of payment and no further payment is required. If full payment has not been made, payment is due within 30 days of the Final Order. Overdue amounts are subject to statutory interest and may be referred to collections. 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

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 tru	e and correct copy of the	s Final Order was	served on th	e below-named
I CERTIFY that a tru persons by the method designar	ted on this 300 day of	Worken	6/	, 2018.

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)
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