STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION



2021 AUG 17 P 12: 28
AHCA NOS.: 2017005962
2017007374
2018001027
2018001134
2018001136
2019017938
2020005675
2020005683
2020005687
RENDITION NO.: AHCA- 21 - 894 -S-OLC
AHCA NOS.: 2018005528
2020006372

FINAL ORDER

Having reviewed the Administrative Complaints and Notices of Intent to Deny, 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 Notices of Intent to Deny license renewal applications to the Provider. (Composite 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 The Notices of Intent to Deny the license renewal applications are withdrawn. If the Agency has not already completed its review of the renewal applications, it shall resume its review of the applications. The Provider shall pay the Agency \$10,000.00 and agrees they will not be eligible to hold Extended Congregate Care and Limited Nursing Services specialty license in the future and further agrees not to apply for such licensure. 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 nine (9) months 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

ORDERED at Tallahassee, Florida, on this

_ day of

2021.

Kimberly R. Smoak, Deputy 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

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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