

STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

2019 MAR -8 A II: 11

DOAH Case No. 18-5178 AHCA No. 2018011794
License No. 11338 File No.11967246 Provider Type: Assisted Living Facility
RENDITION NO.: AHCA- 19 - 0200 -S-OLC
ANGA N. 2010006401
AHCA Nos. 2018006491 2018009992 2018009994
2010000,551

FINAL ORDER

THIS CAUSE came on for consideration before the Agency for Health Care Administration, which finds and concludes as follows:

- 1. The Agency issued the Provider a Notice of Intent to Deny notifying it of the Agency's intent to deny its license renewal application for this assisted living facility. The Agency also issued the Provider an Administrative Complaint. (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 The Notice of Intent to Deny the renewal application is withdrawn. If the Agency has not already completed its review of the initial application, it shall resume its review of the application upon the terms set forth in the settlement agreement. The Provider shall pay the Agency \$2,500.00 within 30 days of the entry of this Final Order. If full payment has already been made, the cancelled check is your receipt 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 payable to the "Agency for Health Care Administration" and containing the AHCA case number should be sent to:

Central Intake Unit Agency for Health Care Administration 2727 Mahan Drive, Mail Stop 61 Tallahassee, Florida 32308

Mary C Mayhey, Secretary Agency for Health Care Administration

NOTICE OF RIGHT TO JUDICIAL REVIEW

A party that is adversely affected by this Final Order is entitled to seek 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 Shoop, Agency Clerk Agency for Health Care Administration

2727 Mahan Drive, Mail Stop 3 Tallahassee, Florida 32308-5403

Telephone: (850) 412-3630

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