

STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

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STATE OF FLORIDA, AGENCY	FOR
HEALTH CARE ADMINISTRAT	TION,

DOAH No.: 18-5719 **AHCA No.:** 2018010132

Petitioner,

RENDITION NO.: AHCA- 19 - 0629 - S-OLC

VS.	
ENON COUNTRY MANOR ALF, LLC	
Respondent.	
ENON COUNTRY MANOR ALF, LLC	
Petitioner,	
v.	AHCA No.: 2019001754
STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,	
Respondent.	

FINAL ORDER

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

- 1. The Agency served the attached Administrative Complaint on Enon Country Manor ALF, LLC's on September 24, 2018. (Ex. 1) The Agency subsequently issued the attached Notice of Intent to Deny Renewal Application ("NOI") to Enon Country Manor ALF, LLC's on February 8, 2019. (Ex. 2) The parties have since entered into the attached Settlement Agreement, which is adopted and incorporated by reference into this Final Order. (Ex. 3)
- 2. The Agency must receive a complete change of ownership ("CHOW") application, with full fee, from a wholly-unrelated third-party applicant by September 28, 2019. Failure to comply will result in Enon Country Manor ALF, LLC's renewal application being deemed withdrawn without further action necessary from either the Agency or Enon Country Manor ALF, LLC's.

Mary G. Mayhew, 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 true and correct copy of this Final Order was served on the below-named persons by the method designated on this 250 day of 2019.

Richard J. Shoop, Agency Clerk Agency for Health Care Administration 2727 Mahan Drive, Bldg. #3, Mail Stop #3 Tallahassee, Florida 32308-5403 Telephone: (850) 412-3630

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