STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION



2019 MAY 28 A II: 53

THE ABIGAIL,	
Petitioner,	AHCA No. 2018014226 DOAH No. 18-6251 License No. 10498
v.	Facility Type: ALF
	RENDITION NO.: AHCA- 19 - 0994 -S-OLC
STATE OF FLORIDA, AGENCY FOR	
HEALTH CARE ADMINISTRATION,	
Respondent.	
	/
STATE OF FLORIDA, AGENCY FOR	_
HEALTH CARE ADMINISTRATION,	
Petitioner,	AHCA Nos. 2018016587
	2019004367
	2019004691
v.	License No. 10498
	Facility Type: ALF
ABIGAIL ASSISTED LIVING, INC. d/b/a	
THE ABIGAIL,	
Respondent.	
•	/
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FINAL ORDER

Having reviewed the Notice of Intent, and all other matters of record, the Agency for Health Care Administration ("Agency") finds and concludes as follows:

- 1. The Agency issued the attached Notice of Intent to Deny for Change of Ownership and Election of Rights form to Abigail Assisted Living, Inc. d/b/a The Abigail ("Abigail"). (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. Abigail shall pay the Agency \$7,000.00. 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 60 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

3. In addition to the administrative fine, Abigail shall comply with the other terms of the Settlement Agreement.

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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	Central Intake Unit
Agency for Health Care Administration	Agency for Health Care Administration
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